ealth, Welfare ublic ervice

FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

'57 027757 STATE FILE NUMBER

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 34

1. PLACE OF DEATH
a. COUNTY: Cedar
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): El Dorado Springs — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 116 W. Fields Blvd. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Cedar
c. CITY OR TOWN: El Dorado Springs — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 204 — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Edna — Middle: Belle — Last: Lewallen

4. DATE OF DEATH: Month 8 Day 18 Year 57

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☑ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: 2-13-1882

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (City and state or country): Solo, Missouri

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: John B. Lester

13b. MOTHER'S MAIDEN NAME: Mary Mylar

14. NAME OF HUSBAND OR WIFE: A. R. Lewallen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: A. R. Lewallen — Address: El Dorado Springs, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Bulbar Paralysis	Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral Hemorrhage	48 hours
DUE TO (c)	Hypertension	1 year x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 331 x

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8/16/57, to 8/16/57 and last saw her/him alive on 8/16/57
Death occurred at 2: P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. J. Bunderwirth D.O.

22b. ADDRESS: ElDorado Springs, Mo.

22c. DATE SIGNED: 8/19/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 8-21-57

23c. NAME OF CEMETERY OR CREMATORY: Brooker Cemetery

23d. LOCATION (City, town, or county) (State): Cedar Co., Mo.

24. FUNERAL DIRECTOR: Simms Brothers — ADDRESS: El Dorado Springs, Mo.

25. DATE RECD. BY LOCAL REG.: 8-21-57

26. REGISTRAR'S SIGNATURE: George W. Napier

(Licensed Embalmer's Statement on Reverse Side)

VS MAY 27 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Max W. Sickering

Licensed Embalmer No. 4696

P. O. Address El Dorado Sp

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.