

FILED FEB 4 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

4213

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>VERNON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>VERNON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>NEVADA</u>		c. CITY OR TOWN <u>NEVADA</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>NEVADA CITY HOSPT</u>		d. STREET ADDRESS (If outside, give location) <u>P.O. 2 - SHELDON MO.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>MORRIS WESLEY LEWALLEN</u>		4. DATE OF DEATH Month Day Year <u>JAN 27 1958</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>DEC 27 1890</u>
9. AGE (In years last birthday) <u>68</u>		10. FUNDING YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>INTERPRISE OKLA.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN WESLEY LEWALLEN</u>		13b. MOTHER'S MAIDEN NAME <u>SARA PENDERGRAFT</u>	
14. NAME OF HUSBAND OR WIFE <u>EFFIE D LEWALLEN</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>448-05-7602</u>		17. INFORMANT Address <u>John Lewallen R.C. HANS</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Probable coronary occlusion</u> DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) <u>5 yrs.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 <u>1/19/58</u> to <u>1/27/58</u> and last saw her alive on <u>1/26/58</u> Death occurred at <u>5:30 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>James W. McManus, M.D.</u> 22b. ADDRESS <u>Medical Bldg., Nevada Mo.</u> 22c. DATE SIGNED <u>1/27/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>JAN 29 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>EUFULA CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>EUFULA OKLA.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>BEEBY FUNERAL HOME</u>		25. DATE RECD. BY LOCAL REG. <u>1-28-1958</u>	
26. REGISTRAR'S SIGNATURE <u>Anna J. Ferry</u>			

(Licensed Embellisher's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *L. Bernard Buey* .....

Licensed Embalmer No. *4181* .....

P. O. Address *Shelton Mo* .....

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.