Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004363
STATE FILE NUMBER

LEU FEB 24 1959 Registration District No. 002 Primary Registration District No. 4005 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY: Andrew
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Rosendale — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): — Length of stay in 1b:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Andrew
c. CITY OR TOWN: Rosendale — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Maurice Middle: Holmes Last: Lewellen

4. DATE OF DEATH: Month 2 Day 7 Year 1959

5. SEX: Male **6. COLOR OR RACE**: White **7. MARRIED** [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: 3-24-1901

9. AGE (In years last birthday): 57 — 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): Bank President
10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Rosendale

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

13a. FATHER'S NAME: Albert Lewellen
13b. MOTHER'S MAIDEN NAME: Verna Holmes
14. NAME OF HUSBAND OR WIFE: Lois Lewellen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 486-09-3854
17. INFORMANT: Mrs Lois Lewellen Address: Rosendale Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary embolism — INTERVAL BETWEEN ONSET AND DEATH: 1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis — 2 yrs
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): None known. H201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): None
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: None
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 Rosendale **COUNTY** Mo **STATE**

21. I attended the deceased from Feb 7-59, to Feb 7 59 and last saw her/him alive on Feb 7 1959
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W R Wilson MD
22b. ADDRESS: Rosendale Mo
22c. DATE SIGNED: 2/8/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-10-1959
23c. NAME OF CEMETERY OR CREMATORY: Savannah Cemetery
23d. LOCATION (City, town, or county) (State): Savannah Mo

24. FUNERAL DIRECTOR Breit Funeral Home **ADDRESS** Savannah Mo
25. DATE RECD. BY LOCAL REG.: 2-13-59
26. REGISTRAR'S SIGNATURE: Lillian Sparks

(Licensed Embalmer's Statement on Reverse Side)

MAR 10 195

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 ..... Signed E. C. Brent
Signature of Student Embalmer

Licensed Embalmer No. 2650
P. O. Address Savannah, Ga.

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.