

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021495

FILED JUL 8 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2970

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7300 PASEO		Length of stay in lb 50 YRS.	d. STREET ADDRESS (If outside, give location) 73 00 PASEO Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last CARL E. LEWELLIN			4. DATE OF DEATH Month Day Year JUNE 16, 1959		
5. SEX male	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH NOV. 13, 1886	9. AGE (In years last birthday) 72 YRS. IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or identify field) RETIRED CONTRACTOR		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) LA. PLATA, MO.	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME MAJOR LEWELLIN		13b. MOTHER'S MAIDEN NAME MARY JANE CHERRY		14. NAME OF HUSBAND OR WIFE JESSIE I. LEWELLIN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 497 36 5641	17. INFORMANT Address MRS. JESSIE I. LEWELLIN 7300 PASEO		

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>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Acute</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arteriosclerotic heart disease</u>	<u>10 yrs</u>
	DUE TO (c) <u>Hypertension</u> <u>about</u>	<u>10 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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>April 6, 1959</u> to <u>June 16, 1959</u> and last saw him alive on <u>June 16, 1959</u> 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) <u>A. B. Boyer DO</u>	22b. ADDRESS <u>5529 1/2 05th KC Mo</u>	22c. DATE SIGNED <u>June 18, 1959</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JUNE 19, 1959	23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEM
23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO		

24. FUNERAL DIRECTOR ADDRESS <u>W. W. Newcomer's Sons S.W. 20</u>	25. DATE RECD. BY LOCAL REG. <u>6-18-59</u>	26. REGISTRAR'S SIGNATURE <u>neva minshall</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

A. B. Boyer

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 *Basil V. Honey*

Licensed Embalmer No. *4724*
P. O. Address *K.C., 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.