

R1 DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042802

FILED VS DEC 7 1960

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 471

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Marion	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal	a. STATE Mo.	b. COUNTY Marion
Length of stay in lb 2 years		c. CITY OR TOWN Hannibal	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital		d. STREET ADDRESS (If outside, give location) 1125 Valley St.	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First MARSHALL	Middle LEWELLEN	Last LEWELLEN	Month November	Day 19,	
5. SEX male		6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/31/1883	9. AGE (last birthday) 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY own farm	11. BIRTHPLACE (City and state or country) Saverton, Mo.	12. CITIZEN OF WHAT COUNTRY United States	
13a. FATHER'S NAME Barney Lewellen		13b. MOTHER'S MAIDEN NAME Clara Harrison		14. NAME OF HUSBAND OR WIFE Edith Lewellen	
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. ---	17. INFORMANT Mrs. Edith Lewellen, 1125 Valley		

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 2 yr.
IMMEDIATE CAUSE (a)	Coronary thrombosis	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	Arteriosclerosis	
DUE TO (b)		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N <input type="checkbox"/> Unknown

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 a.m. p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <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>Aug 1959</u> to <u>Nov 19 1960</u> and last saw her <u>Nov 15 1960</u> alive on		Death occurred at <u>3:05 a.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE (Degree or title) <i>Blaine R. Miller D.O.</i>		22b. ADDRESS <i>Hannibal Mo.</i>		22c. DATE SIGNED <i>11-21-60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 11/21/60	23c. NAME OF CEMETERY OR CREMATORY Centenary Cemetery	23d. LOCATION (City, town, or county) (State) Ralls county, Missouri	
24. FUNERAL DIRECTOR <i>Jack Schwartz - Hannibal, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>12/1/60</i>	26. REGISTRAR'S SIGNATURE <i>Dr. E.M. Lucke by Lillian M. Zerman</i>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Jack Schwartz

Licensed Embalmer No. 4900

P. O. Address Hannibal

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.