

FILED JAN 26 1956

STANDARD CERTIFICATE OF DEATH

State File No. 619

BIRTH NO. _____ REG. DIST. NO. 62 PRIMARY REG. DIST. NO. 5240 Registrar's No. Y

1. PLACE OF DEATH
a. COUNTY Cedar

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Cedar

b. CITY (If outside corporate limits, write RURAL and give town) Rural, Washington Twp.
c. LENGTH OF STAY (In this place)

c. CITY OR TOWN Washington Twp.
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 9 Miles N. of Stockton
STREET ADDRESS (If rural, give location) 9 Miles N. of Stockton

3. NAME OF DECEASED
a. (First) LESLIE b. (Middle) LEE c. (Last) LEVI

4. DATE OF DEATH Jan. 11, 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married

8. DATE OF BIRTH Nov. 20, 1892
9. AGE (In years last birthday) 63
IF UNDER 1 YEAR Months 1 Days 21
IF UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Farm Owner

11. BIRTHPLACE (City and State or Foreign Country) Fort Scott, Kansas

12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Wm. H. Levi

13b. MOTHER'S MAIDEN NAME Sarah Jane Huff

14. NAME OF HUSBAND OR WIFE Belle Levi

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. None

17. INFORMANT'S SIGNATURE OR NAME Mrs. Belle Levi, Stockton, Mo. ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH
minutes
4201

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8 A. m., from the causes and on the date stated above.

23a. SIGNATURE Wm B Ritter M.D. (Degree or title)

23b. ADDRESS Stockton, Mo.

23c. DATE SIGNED 1-13-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1-13-1956

24c. NAME OF CEMETERY OR CREMATORY Candler Hills Cem.

24d. LOCATION (City, town, or county) Cedar County, Mo. (State)

DATE REC'D BY LOCAL REG. 1-21-56

REGISTRAR'S SIGNATURE Geneva Garrison 54

25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Canton Funeral Home Stockton, Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *John A. Cantlon*.....

Licensed Embalmer No. *438*.....

P. O. Address *Stoughton*.....

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.