

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19963**

FILED JUN 19 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **135**

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mexico</b>		c. CITY OR TOWN <b>Mexico</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>Life</b>		e. STREET ADDRESS (If rural, give location) <b>802 West Liberty</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>502 East Monroe</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Bruce</b> b. (Middle) <b>Earnest</b> c. (Last) <b>Levingston</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 11 1957</b>	
5. SEX <input type="radio"/> Male <input type="radio"/> Female	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input type="radio"/> Child	8. DATE OF BIRTH <b>Jan. 1, 1956</b>
9. AGE (In years last birthday) <b>1</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>10</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Child</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Mexico, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Vernon Levingston</b>		13b. MOTHER'S MAIDEN NAME <b>Helen Combs</b>	14. NAME OF HUSBAND OR WIFE <b>Child</b>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service) <b>none</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Vernon Levingston</b> ADDRESS <b>Mexico, Mo.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>SHOCK from severe dehydration due to severe diarrhea resulting from bowel infection following colon resection for mega colon</b>		<b>3 hours</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>resulting from bowel infection following colon resection for mega colon</b>		<b>3 WEEKS</b>	
DUE TO (c) <b>7562</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>5-21-57</b>	19b. MAJOR FINDINGS OF OPERATION <b>MEGACOLON WITH RESECTION (AT UNIV. OF MO. MEDICAL CENTER COLUMBIA, MO)</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from **6-11-1957**, to **6-11-1957**, that I last saw the deceased alive on **6-11-1957**, and that death occurred at **11:40 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Blanche Neely** 23b. ADDRESS **Mexico Mo** 23c. DATE SIGNED **6-12-57**

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-13-1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Mexico, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>June 12-1957</b>	REGISTRAR'S SIGNATURE <b>Blanche Neely</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Arnold Funeral Home</b> ADDRESS <b>Mexico, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
*Clara Amundson*

Licensed Embalmer No. 356

P. O. Address *Murphy*

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.