

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016735
State File No.

FILED JUN 15 1959

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 258

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. CITY OR TOWN <u>Columbia</u>	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) <u>1 Hr.</u>		e. STREET ADDRESS (If rural, give location) <u>404 N. Williams St. 0105</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone County Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillie</u>		b. (Middle) <u>Ann</u>	c. (Last) <u>Level</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>June 9, 1959</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 25, 1883</u>
9. AGE (In years last birthday) <u>76</u>		10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Boone County Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Benjamin West</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Jane Rudnell</u>
14. NAME OF HUSBAND OR WIFE <u>Litten Level</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>488-38-0549D</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lena Goodwin, Columbia, Mo.</u>		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		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE CORONARY OCCLUSION</u>		ANTECEDENT CAUSES		<u>SEVERAL HRS.</u>
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>ARTERIOSCLEROTIC HEART Ds</u>		<u>MANY YRS</u>
DUE TO (c) <u>GENERALIZED ARTERIOSCLEROSIS</u>				<u>MANY YRS</u>
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		<u>MANY YRS</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> 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) m.	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 5-27, 1955, to 6-9, 1959, that I last saw the deceased alive on 6-9, 1959, and that death occurred at 7:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John M. Walters, M.D.</u>	23b. ADDRESS <u>22 N 8th, Columbia, Mo.</u>	23c. DATE SIGNED <u>6-10-59</u>
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/11/1959</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>
24d. LOCATION (City, town, or county) (State) <u>Columbia, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>June 11, 1959</u>	REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lyman Sprinkle, Columbia, Missouri</u>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 3 0 8 AM '59

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 George A. [Signature]

Licensed Embalmer No. 442
P. O. Address Columbus

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.