

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007153

STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. _____ Registrar's No. 31

AMENDED

FILED MAR 8 1962

1. PLACE OF DEATH a. COUNTY Mac on		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before e. STATE Pennsylvania Montgomery Co	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Walnut Creek Twp		Length of stay in 1b ---	c. CITY OR TOWN Narberth Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE East of Ethel on ATSF train 18		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last HOWARD THEODORE LEVIS			4. DATE OF DEATH Month Day Year February 22, 1962		
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5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/23/05	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ins. Underwriter	10b. KIND OF BUSINESS OR INDUSTRY same	11. BIRTHPLACE (City and state or country) Massachusetts	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME William Levis	13b. MOTHER'S MAIDEN NAME Amy Dunne	14. NAME OF HUSBAND OR WIFE Faith Levis
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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 228 Sabina Ave Mrs. Faith Levis, Narberth, Pa.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Coronary Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 2
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) uræmia	2
	DUE TO (c) Nephritis	1
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"/> No <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.)
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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
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21. I attended the deceased from Died enroute to Chicago Ill and last saw her Dead in arrival at La Plata Mo alive on 50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ralph W. Gillet, DO	22b. ADDRESS La Plata, Mo.	22c. DATE SIGNED 2/22/62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2/22/62	23c. NAME OF CEMETERY OR CREMATORY Dover Cemetery	23d. LOCATION (City, town, or county) (State) Dover, Massachusetts.
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24. FUNERAL DIRECTOR Wilson Funeral Home, La Plata, Mo.	25. DATE RECD. BY LOCAL REG. 2/22/62	26. REGISTRAR'S SIGNATURE Walter M. Seely
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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

JUN 7 1962

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 Kenneth M. Wilson

Licensed Embalmer No. 4701

P. O. Address La Plata 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.