

FILED MAY 20 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

15007

State File No.

Registration District No. 5-71

Primary Registration District No. 4-249-4349

Registrar's No. 90

1. PLACE OF DEATH

(a) County Montgomery  
(b) City or town Middletown, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 9 years  
years, months or days

3. (a) PRINT FULL NAME Robert Inez Leverett

3. (b) If veteran, name war  3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife James E. Leverett 6. (c) Age of husband or wife if alive 30 years  
7. Birth date of deceased. Nov 5 1915  
(Month) (Day) (Year)

8. AGE: Years 26 Months 4 Days 10 If less than one day  
hr. min.

9. Birthplace Mexico, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Carden Spires  
13. Birthplace Genova, Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Young  
15. Birthplace Montgomery, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant James E. Leverett  
(b) Address Middletown, Mo.  
17. (a) Burial (b) Date thereof 4-17-42 (Month) (Day) (Year)  
(c) Place: burial or cremation Middletown, Mo.

18. (a) Signature of funeral director Patricia Wilbur  
(b) Address Middletown, Mo.  
19. (a) April 2, 1942 (b) Mrs. Verda Bittel (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery  
(c) City or town Middletown  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 3rd  
year 1942 hour 3 minute AM

21. I hereby certify that I attended the deceased from Mar 31st 1942 to Apr 3rd 1942  
that I last saw her alive on Apr 2nd 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular  
Heart Disease with Rheumatism  
Due to Chronic Rheumatism

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature A. Birch (M. D. or other) \_\_\_\_\_  
Address Middletown, Mo. Date signed 4-17-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *CC Rubin*

Licensed Embalmer No. 3059

P. O. Address Wellsville Md

**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 this body is not embalmed, fact should be so stated above.**