S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 6 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9274

Registration District No. 383 Primary Registration District No. 0600 Registrar's No. 16

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

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Mount Vernon (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 378 days (Specify whether
In this community 378 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton
(c) City or town Seneca (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 —

3. (a) PRINT FULL NAME Orvil Leroy Levan
3. (b) If veteran, name war no
3. (c) Social Security No. 577-26-1729
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 13 (Day) 1912 (Year)

8. AGE: Years 35 Months 3 Days 0 If less than one day hr. min.

9. Birthplace Rosa Clara (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Miner
11. Industry or business

FATHER
12. Name Roy Carol Levan
13. Birthplace Mullican (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Dora Ann Taylor
15. Birthplace Seneca (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Ethel McMichael, Record Clerk
(b) Address Mo. State San., Mount Vernon, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 15, 1948 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Seneca Cem. Seneca Mo.
18. (a) Signature of funeral director W. Biddlecome
(b) Address Seneca, Mo.
19. (a) 2/17/48 (Date received local registrar) (b) D. R. Phelbrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13 year 1948 hour 2 minute 35 A M.
21. I hereby certify that I attended the deceased from January 13, 1948, to February 13, 1948 that I last saw him alive on February 12, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Pulmonary tuberculosis	over 2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Pulmonary the Pulmonary edema c̄ Cardiac failure

PHYSICIAN
Underline the cause of which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature O. A. Brasher (M. D. or other) M.D.
Address Mt Vernon, Mo Date signed 2-13-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 348 ~~638~~ 363
Date Filed MAR 31 1948

JUN 23 1948

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 W. E. Beddlecome

Licensed Embalmer No. 2174

P. O. Address Seneca 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 this body is not embalmed, fact should be so stated above.