DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 28 1949

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3791

Registration District No. 352 Primary Registration District No. 4518 Registrar's No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:

(a) County Toney

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Hallester Mo Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community all Life

2. USUAL RESIDENCE OF DECEASED: 106

(a) State Mo (b) County Toney

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. Branson (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Dock Merriam Lievallen

3. (b) If veteran, name war Mo

3. (c) Social Security No.

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife Elsie Calvin Lievallen

6. (c) Age of husband or wife if alive Married years

7. Birth date of deceased Nov (Month) 7 (Day) 1881 (Year)

8. AGE: Years 67 Months 2 Days 2 If less than one day hr. min.

9. Birthplace Christain Co (City, town, or county) (State or foreign country)

10. Usual occupation Rail road Employment

11. Industry or business

FATHER
12. Name John Marion Lievallen
13. Birthplace Christain Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Martha Bilyen
15. Birthplace Christain Co (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature Mrs Lievallen

(b) Address Hallester Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-49 (Month) (Day) (Year)

(c) Place: burial or cremation Hobbler Knob

18. (a) Signature of funeral director R O Whitchel

(b) Address Branson Mo

19. (a) Jan 12 - 49 (Date received local registrar) (b) J E Cogswell (Registrar's signature) 376

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9th year 1949 hour 3 PM minute 10 M.

21. I hereby certify that I attended the deceased from June 19, 1945, to January 9, 1949 that I last saw him alive on January 9, 1949 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tuberculosis of lungs	5 years
Due to	
Due to Cachexia	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

PHYSICIAN — Underline the cause to 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 E. E. Gittner D.O. (M. D. or other)

Address Branson Date signed Jan 10 1949

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File # 14962
Date Filed 1-24-49

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 Minnie L. Whelchel
Licensed Embalmer No. 277
P. O. Address Branson, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.