

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31109

FILED SEP 30 1949

State File No.

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Charleston</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Charleston</u>	
c. LENGTH OF STAY (in this place) <u>14 years</u>		d. STREET ADDRESS (If rural, give location) <u>E. Danforth Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>E. Danforth St. residence</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Edward</u>	b. (Middle) <u>Howard</u>	c. (Last) <u>Levan</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>Sept 15, 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 6, 1885</u>	9. AGE (In years last birthday)	<u>64</u>	IF UNDER 1 YEAR	Months <u>2</u>	Days <u>9</u>	IF UNDER 24 HRS.	Hours <u></u>	Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Livingston County, Ky</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Everett Levan</u>	13b. MOTHER'S MAIDEN NAME <u>Francis Edwards</u>	14. NAME OF HUSBAND OR WIFE <u>Laura Anna Levan</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>None available</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Anna Levan, Charleston, Mo</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>33V</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 7-9, 1949 to 9-15, 1949, that I last saw the deceased alive on 9-15, 1949, and that death occurred at 7:15 m., from the causes and on the date stated above.

23a. SIGNATURE <u>T.P. Fenton D.D.</u> (Degree or title)	23b. ADDRESS <u>Wyatt, Mo</u>	23c. DATE SIGNED <u>9-21-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/17/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I. O. O. F. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo</u>
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DATE REC'D BY LOCAL REG <u>Sept. 21-49</u>	REGISTRAR'S SIGNATURE <u>Mr. John Bondurant</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Joe R. Nunnelee</u>	ADDRESS <u>Charleston, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

JAN 21 1950

RECEIVED SEP 27 19
District Health Office No.
District File Number 949-9
Date Filed _____

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
Student Embalmer

Signed

John F. Munnell
Licensed Embalmer No. 3851

P. O. Address

Charleston, W. Va.

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.