

FILED MAY 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16137

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <b>Cass</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>Cass</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Harrisonville</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Harrisonville</b>	
c. LENGTH OF STAY (in this place) <b>7 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>601 N. Lexington</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Levi Nathaniel</b> b. (Middle) <b>Lublow</b> c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <b>May 5 - 1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 19 - 1868</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Month <b>15</b> Days <b>16</b>	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>✓</b>	11. BIRTHPLACE (State or foreign country) <b>Indianapolis Ind.</b>	12. CITIZENSHIP (What country) <b>USA</b>
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13. FATHER'S NAME <b>Simerson Ludlow</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Ratcliff</b>	14. NAME OF HUSBAND OR WIFE <b>Mary F Warren</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Clarence Lublow</b>	18. ADDRESS <b>Harrisonville</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Degeneration.</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Senility.</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Landlord Aggravated him.</b>		<b>443X</b>	

19a. DATE OF OPERATION <b>✓</b>	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) (Min.)	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 **June 27, 1949**, to **May 5, 1950**, that I last saw the deceased alive on **April 15, 1950**, and that death occurred at **4:55 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Paul D. Welch</b>	23b. ADDRESS <b>D. O. V. Harrisonville, Mo.</b>	23c. DATE SIGNED <b>May 6, 1950</b>
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24a. BURIAL CREAM (Specify)	24b. DATE <b>May 7 - 50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hills Chapel</b>	24d. LOCATION (City, town, or county) (State) <b>Harrisonville Mo</b>
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DATE REC'D BY LOCAL REG. <b>May 6, 1950</b>	REGISTRAR'S SIGNATURE <b>Laura J. Jones</b>	51	25. COUNTY DIRECTOR'S SIGNATURE <b>Clarence Lublow</b>	ADDRESS <b>Harrisonville Mo.</b>
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(If Licensed Embalmer's Statement on Reverse Side)

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

190

1958 FEB 7 1958

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

*Raymond C. Johnson*

Licensed Embalmer No. *3970*

P. O. Address

*Harrisville*  
*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.