

FILED JUL 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23421  
Registrar's No. 19

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

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3025</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived, or institution: residence before admission)			
a. COUNTY <u>Howell</u>		b. CITY (If outside corporate limits, give RURAL and give township) <u>West Plains</u>		c. CITY (If outside corporate limits, give RURAL and give township) <u>West Plains</u>		d. STREET ADDRESS (If rural, give location) <u>123 Cass</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Day Hosp.</u>		c. LENGTH OF STAY (In this place) <u>2 1/2 yrs</u>		e. CITY OR TOWN <u>West Plains 0461</u>		f. COUNTY <u>Howell</u>	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX <u>F</u>	
a. (First) <u>Amy</u>			b. (Middle) <u>Loanna</u>			c. (Last) <u>Levin</u>	
6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>2-3-1893</u>		9. AGE (In years, months, days) <u>57-2-28</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Wm</u>		13b. MOTHER'S MAIDEN NAME <u>Wm</u>		14. NAME OF HUSBAND OR WIFE <u>H.C. Levin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Addison Disease</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				2 mo	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19a. DATE OF OPERATION <u>0</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION _____		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) _____	
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? _____			
22. I hereby certify that I attended the deceased from <u>4/27/50</u> to <u>5/1/50</u> , that I last saw the deceased alive on <u>5/1/50</u> , and that death occurred at <u>3:13</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>West Plains Mo</u>		23c. DATE SIGNED <u>6/29/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>5-3-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Howelloley</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>7-6-50</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		FINANCIAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS _____	

DIVISION OF HEALTH OF MD.  
District No. 5 - Springfield

RECEIVED JUL 19 1950

Dist. File 250-829

Date Filed 7-18-50

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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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.