

FILED OCT 11 1950

STANDARD CERTIFICATE OF DEATH

State File No. 30875

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 74

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN High Ridge
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Route #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Jefferson
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN High Ridge
d. STREET ADDRESS (If rural, give location) Route #2

3. NAME OF DECEASED (Type or Print)
a. (First) William b. (Middle) R. c. (Last) Levitt
4. DATE OF DEATH (Month) (Day) (Year) 9/27/50

5. SEX Male 0 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3
8. DATE OF BIRTH June 12, 1880 9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY ---
11. BIRTHPLACE (State or foreign country) Illinois 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William R. Levitt 13b. MOTHER'S MAIDEN NAME Drucilla Wamack 14. NAME OF HUSBAND OR WIFE Trella

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) --- 16. SOCIAL SECURITY NO. ---
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alton B. Levitt-- Route #2 High Ridge, Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Disease
ANTECEDENT CAUSES DUE TO (b) Aortic sclerosis
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7:25 1950, to 9:16 1950, that I last saw the deceased alive on 7:25, 1950, and that death occurred at 7:00 a. m., from the causes and on the date stated above.

23a. SIGNATURE Arthur A. Snookin, M.D. (Degree or title) 23b. ADDRESS 507 S. Euclid, Washington 41 Medical Clinic 23c. DATE SIGNED 9-28-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 9/29/50 24c. NAME OF CEMETERY OR CREMATORY Dillman's 24d. LOCATION (City, town, or county) (State) Clay City, Illinois

DATE REC'D BY LOCAL REG. Oct. 7 - 1950 REGISTRAR'S SIGNATURE Mrs. Ruth Jiosa 438 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wacker-Helderle 3634 Gravois Ave.

(Licensed Embalmer's Statement on Reverse Side)

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

500
1

222

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 10-9-50

OCT 17 1950

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Frank J. Chland Sr.

Signed.....
Student Embalmer

Licensed Embalmer No. *2675*

P. O. Address *St Louis 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.