

FILED NOV 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34500

State File No.

No. 300
10:48

BIRTH NO. _____ REG. DIST. NO. 814 PRIMARY REG. DIST. NO. 6060 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Washington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. 4 Eldorado Springs Mo</u>		d. STREET ADDRESS (If rural, give location) <u>R. 4</u> 0930 0	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha J.</u> b. (Middle) _____ c. (Last) <u>Levitt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 21, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 20, 1865</u>
9. AGE (In years last birthday) <u>84</u>		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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>St. Clair Co., Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Rookins Moore</u>	
13b. MOTHER'S MAIDEN NAME <u>Green Davison</u>		14. NAME OF HUSBAND OR WIFE <u>William W. Levitt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>William W. Levitt</u>		ADDRESS _____	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis, severe</u> ANTECEDENT CAUSES MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>1/2 28</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) (Min.) _____		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>6 Oct 1950</u> to <u>21 Oct 1950</u> that I last saw the deceased alive on <u>20 Oct 1950</u> , and that death occurred at <u>8:30 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John J. Hill M.D.</u> (Degree or title)		23b. ADDRESS <u>Eldorado Springs, Mo</u>	
23c. DATE SIGNED <u>21 Oct 50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>10-23-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rookins</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Clair Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>William W. Levitt</u>	
DATE REC'D BY LOCAL REG. <u>Oct 23 - 50</u>		REGISTRAR'S SIGNATURE <u>Ruth Seaver</u> 288	
25. FUNERAL DIRECTOR'S ADDRESS <u>Eldorado Springs</u>		_____	

(Licensed Embalmer's Statement on Reverse Side)

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

930
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RECEIVED 11-13-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 11-13-50

not in file

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 *Floyd E. Carother*
Licensed Embalmer No. *4419*

P. O. Address *El Duende Springs*

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.