

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19743**

FILED JUL 12 1951

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **5304** Registrar's No. **174**

1. PLACE OF DEATH a. COUNTY Cole (Cape Township)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural	
c. LENGTH OF STAY (In this place) Life		0280	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 Miles west St. Thomas, Mo		d. STREET ADDRESS (If rural, give location) 4 miles west of St. Thomas, Mo	

3. NAME OF DECEASED (Type or Print) Lawrence Adolph Leven			4. DATE OF DEATH (Month) (Day) (Year) June 30, 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 12, 1867	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR: Months 8 Days 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY Own	11. BIRTHPLACE (State or foreign country) St. Thomas, Mo		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Herman Leven	13b. MOTHER'S MAIDEN NAME Mary Ann Scheer	14. NAME OF HUSBAND OR WIFE Elizabeth Champlain
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Joseph Schaefer St. Thomas, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION Left Ventricular Failure.		INTERVAL BETWEEN ONSET AND DEATH 1 week
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis.		
	II. OTHER SIGNIFICANT CONDITIONS Generalized Ascites.		
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)	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 **Feb. 1950** to **June 30, 1951**, that I last saw the deceased alive on **June 30, 1951**, and that death occurred at **10:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE S. A. Gaston	(Degree or title) D.O. 2	23b. ADDRESS Meta, Mo.	23c. DATE SIGNED July 2, 51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 3, 1951	24c. NAME OF CEMETERY OR CREMATORY St. Thomas Cemetery	24d. LOCATION (City, town, or county) (State) St. Thomas Mo.

DATE REC'D BY LOCAL REG. July 7-1951	REGISTRAR'S SIGNATURE R. P. Harris MD - MR.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Victor Buschky Jefferson City Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

RECEIVED 7-11-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-11-51

MS
JUL 2
1951

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.