

FILED JUL 31 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23807**

132

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **231** PRIMARY REG. DIST. NO. **5812** Registrar's No. **9**

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

1. PLACE OF DEATH a. COUNTY <b>Montg</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Montg</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Middletown Prairie</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Middletown Prairie</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1/2 mi. W. of Middletown</b>		d. STREET ADDRESS (If rural, give location) <b>1/2 mi. W. of Middletown</b>	

3. NAME OF DECEASED (Type or Print) <b>Beverly</b>	a. (First)	b. (Middle) <b>Leta</b>	c. (Last) <b>Leverett</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 18 1951</b>
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5. SEX <b>F</b>	6. COLOR OR RACE <b>White, Am</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>Oct 10 1934</b>	9. AGE (In years last birthday) <b>16</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (State or foreign country) <b>Middletown Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>Charles H Leverett</b>	13b. MOTHER'S MAIDEN NAME <b>Lucy Allen</b>	14. NAME OF HUSBAND OR WIFE <b>Never Married</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, By (rank/known) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>492-36-7832</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lucy Leverett</b>	ADDRESS <b>Middletown Mo</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>DROWNING</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid 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. <b>69298</b>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Middletown Lake</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Middletown - Prairie Montg Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>July 18 5:15 P.M.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>While Swimming</b>
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22. I hereby certify that I ~~was~~ <sup>was</sup> the deceased ~~from~~ <sup>on</sup> **18 July**, 19**51**, to \_\_\_\_\_, 19\_\_\_\_, that I ~~was~~ <sup>was</sup> the deceased alive on **18 July**, 19**51**, and that death occurred at **1 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Clarence W. Lambert</b>	(Degree or title) <b>Doc</b>	23b. ADDRESS <b>Montg Montg City Mo</b>	23c. DATE SIGNED <b>20 July 51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>	24b. DATE <b>July 20, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fairmount</b>	24d. LOCATION (City, town, or county) (State) <b>Middletown Mo</b>
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DATE REC'D BY LOCAL REG. <b>July 21-51</b>	REGISTRAR'S SIGNATURE <b>Lois F. Chapman</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>A. B. G. G. G.</b>	ADDRESS <b>Middletown, Mo</b>
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File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

JUL 26 1951

RECEIVED

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 \_\_\_\_\_

*John W. Butler*  
Licensed Embalmer No. *4447*

P. O. Address *Bowling Green*

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.