V.S. No. 300
REV. 10.48

FILED AUG 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27719

BIRTH NO. _____ REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 5825 Registrar's No. _____

0720

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

1. PLACE OF DEATH
a. COUNTY: New Madrid Co.,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malden R. 1.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ~~Thomas Levart~~

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malden, Mo. R. 1. 0720
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): Warren,
c. (Last): Levart

4. DATE OF DEATH (Month) (Day) (Year): Aug. 9. 1951.

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April. 23, 1879
9. AGE (In years last birthday): 71 — 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): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Silvia, Mo. Wayne Co., 0
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Muncyn Levart
13b. MOTHER'S MAIDEN NAME: Sirene Smith
14. NAME OF HUSBAND OR WIFE: Nora Alice Levart, Decs.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: J. A. Levart, Malden, Mo. R. 1.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephritis,
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Infection of Bladder
DUE TO (c) and Prostate

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 612X

INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Had Prostate resection about 1 yr ago
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) m.
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 July 20, 1951, to Aug 9, 1951, that I last saw the deceased alive on Aug 7, 1951, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. Carlton Lo 2
23b. ADDRESS: Malden
23c. DATE SIGNED: Aug 9/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 8.10.51.
24c. NAME OF CEMETERY OR CREMATORY: Bernie, Mo. Cemetery
24d. LOCATION (City, town, or county) (State): Bernie, Mo.

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE: 217
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Watkins Funerla Home, Dexter, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
AUG 20 1951
DISTRICT HEALTH OFFICE No. 6
File No.....

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 Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.