

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40364

State File No.

BIRTH NO. REG. DIST. NO. 424 PRIMARY REG. DIST. NO. 6093 Registrar's No. 217

1. PLACE OF DEATH a. COUNTY <u>Saline</u> <u>0970</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY OR TOWN <u>Rural</u> c. LENGTH OF STAY (In this place) <u>2 Years</u>		c. CITY OR TOWN <u>Rural-Marshall Twn.</u> <u>0970</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 1/2 Mi. South, Shackelford, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>2 1/2 Miles south of Shackelford, Mo.</u>	

3. NAME OF DECEASED (Type or Print) <u>Edwin</u>	a. (First)	b. (Middle) <u>S.</u>	c. (Last) <u>Levingston</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-5-1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11/16/1864</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>19</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Sweet Springs, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John J. Levingston</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown Ellen Dial</u>	14. NAME OF HUSBAND OR WIFE <u>Millie Dial Levingston</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harry Levingston-Shackelford, Mo.</u>	ADDRESS
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19. 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 Days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia Nephrosis</u>		
	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 <u>Bronchial asthma</u>		<u>179</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>492X</u>
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22. I hereby certify that I attended the deceased from 11/28, 1951, to 12/5, 1951, that I last saw the deceased alive on 12/3, 1951, and that death occurred at 3 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title)	23b. ADDRESS <u>[Address]</u>	23c. DATE SIGNED <u>12/5/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/7/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hazel Grove</u>	24d. LOCATION (City, town, or county) (State) <u>South West 12 Mi. Marshall</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 5-1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	385	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>[Address]</u>	NO. <u>[No.]</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED ^{DEC 10 1951}

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed : DEC 10 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 J Leslie Swanson _____

Licensed Embalmer No. 72350 _____

P. O. Address Marshall, Mo. _____

Notes: 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.