

S. No. 300  
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41957**

FILED DEC 21 1951

BIRTH NO. _____		REG. DIST. NO. <b>150</b>		PRIMARY REG. DIST. NO. <b>5574</b>		Registrar's No. <b>180</b>	
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WYRAL VILLAGE</b>			c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LAKE LOTAWANA</b>			d. STREET ADDRESS (If rural, give location) <b>W-6 LAKE LOTAWANA</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>W-6 GARAGE LAKE LOTAWANA</b>				d. STREET ADDRESS (If rural, give location) <b>W-6 LAKE LOTAWANA</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>RAY</b>		b. (Middle) <b>Guy</b>		c. (Last) <b>Leverton</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 3 1951</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>AUG. 2 - 1898</b>	9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MECHANIC</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>K.O. POWER &amp; LIGHT CO.</b>		11. BIRTHPLACE (State or foreign country) <b>EDINA MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>CHARLES H. LEVERTON</b>		13b. MOTHER'S MAIDEN NAME <b>PHOEBE E. EDWARDS</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. MARIQUITA LEVERTON</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>486-10-7351</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. MARIQUITA LEVERTON W-6 LAKE LOTAWANA</b>			
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) <b>Carbon monoxide Poisoning</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) _____						<b>E 8919'</b>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>10</b>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>048</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Jackson MO</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>12-3-51</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>WALKING ON CAR</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>10:45 p.m.</b> , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <b>August H. Owens</b>				23b. ADDRESS <b>1034 1/2 W. 13th St.</b>		23c. DATE SIGNED <b>12-4-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>DEC-6-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>FLORAL HILLS CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>		
DATE REC'D BY LOCAL REG. <b>12-6-51</b>		REGISTRAR'S SIGNATURE <b>Ronald C. Emswiler</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>O.H. Newcomer</b>		ADDRESS <b>1331 GAUGH CREEK KANSAS CITY, MO.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

480  
220

DEC 17 RECD

APR 15 1954

JUL 18 1952

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 *Bernard L. Horan*

Licensed Embalmer No. *4250*

P. O. Address *N. C. 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.