. No. 300
. 10.48

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

FILED JUL 2 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21428

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 206

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
c. LENGTH OF STAY (in this place): 1 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bothwell Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Texas
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Childress 84221
d. STREET ADDRESS (If rural, give location): 710 Ave. B N. W.

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Alvin c. (Last) Levi

4. DATE OF DEATH (Month) 6 (Day) 22 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Jan. 15, 1904
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months 5 Days 7 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Track Welder
10b. KIND OF BUSINESS OR INDUSTRY: MK&T. Ry
11. BIRTHPLACE (State or foreign country): Denver, Colo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Chas. A. Levi
13b. MOTHER'S MAIDEN NAME: Ora Mae Christie
14. NAME OF HUSBAND OR WIFE: Nita
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 703-10-9055
17. INFORMANT'S SIGNATURE OR NAME: Mrs. W. U. Henning — ADDRESS: Ft Worth

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) Fracture Comminuted, 5th Cervical Vertebra — 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) With extensive Cord damage.

DUE TO (c)

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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): n/a
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* 6-21-, 1952, *to* 6-22-, 1952, *that I last saw the deceased alive on* 6-22-, 1952, *and that death occurred at* 10:35 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: P V Siegel MD (Degree or title)
23b. ADDRESS: Smithton MO
23c. DATE SIGNED: 6-23-52
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6-24-52
24c. NAME OF CEMETERY OR CREMATORY: unk
24d. LOCATION (City, town, or county) (State): Childress, Texas
DATE REC'D BY LOCAL REG.: 6-23-52
REGISTRAR'S SIGNATURE: R. Campbell MD — Mabel Hall Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: M. Laughlin Bros — **ADDRESS**: Sedalia

251-d (Licensed Embalmer's Statement on Reverse Side)

JUN 8 1953

JUL 15

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 K. P. McCrary

Licensed Embalmer No. 315-3

P. O. Address Sedalia 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.