

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4279**

FILED FEB 23 1954
BIRTH NO. _____ REG. DIST. NO. **64** PRIMARY REG. DIST. NO. **4110** Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salisbury		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salisbury 210	
c. LENGTH OF STAY (in this place) Approx 70 yrs		d. STREET ADDRESS (If rural, give location) 308 East 2nd St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 308 East 2nd St.			

3. NAME OF DECEASED (Type or Print)	a. (First) Anton	b. (Middle) -	c. (Last) Leven	4. DATE OF DEATH (Month) (Day) (Year) Feb 8 - 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 14 1862	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY General Farm	11. BIRTHPLACE (City and State or Foreign Country) Germany	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME Ferdinand Leven	13b. MOTHER'S MAIDEN NAME Elizabeth Schoemaker	14. NAME OF HUSBAND OR WIFE Amelia Eich Leven
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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) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Harold Sutter	ADDRESS Salisbury Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral sclerosis		INTERVAL BETWEEN ONSET AND DEATH 3 yrs
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) generalized arteriosclerosis, senility & diabetes mellitus		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION 260X	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Salisbury Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **Feb 2, 1951**, to **Feb 8, 1954**, that I last saw the deceased alive on **Feb 8, 1954**, and that death occurred at **10:50 pm.**, from the causes and on the date stated above.

23a. SIGNATURE J. L. Leven	(Degree or title) M.D.	23b. ADDRESS Salisbury, Mo.	23c. DATE SIGNED 2-15-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Feb. 10 - 1954	24c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery	24d. LOCATION (City, town, or county) (State) Salisbury Mo.
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DATE REC'D BY LOCAL REG. 2-19-54	REGISTRAR'S SIGNATURE L. H. Hawkins	25. FUNERAL DIRECTOR'S SIGNATURE Chas B. Winkelmeyer	ADDRESS Salisbury Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

0210

FEB 24 1924

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, & by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Chas B. Winhelmyer
Licensed Embalmer No. 3842

P. O. Address Salisbury, 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.