

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED NOV 12 1954

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 321

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HANNIBAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MONROE CITY	
c. LENGTH OF STAY (If in this place) 12 DAYS		d. STREET ADDRESS (If rural, give location) 605 N. VINE	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION STELIZABETH HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) HERMAN b. (Middle) _____ c. (Last) LEVY			4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 20-1954		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH APRIL 22 1869		9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Days 5 IF UNDER 24 HRS. Hours 28 Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT (RET)		10b. KIND OF BUSINESS OR INDUSTRY CLOTHING		11. BIRTHPLACE (State or foreign country) BERLIN, MISSOURI	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME SAMUEL LEVY		13b. MOTHER'S MAIDEN NAME JOANNA JUDDY		14. NAME OF HUSBAND OR WIFE MARGARET, LEVY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME A. L. Demmitt ADDRESS Monroe City, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 weeks	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Heart Disease		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		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.			

19a. -DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 10-8-54, 1954, to 10/20/, 1954, that I last saw the deceased alive on 10/20/, 1954, and that death occurred at 10:45A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert J. Lanning M.D. Hannibal, Mo		23b. ADDRESS 10123/54		23c. DATE SIGNED 10/23/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10/22/54		24c. NAME OF CEMETERY OR CREMATORY St. JUDES CEMETERY	
				24d. LOCATION (City, town, or county) (State) MONROE CITY, MISSOURI	

DATE REC'D BY LOCAL REG. Oct 25 1954		REGISTRAR'S SIGNATURE W. E. M. Lucke		5. FUNERAL DIRECTOR'S SIGNATURE Wilson & Sons ADDRESS Monroe City Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NOV 9 1954

MARION O. HEALTH DEPT.

DATE FILED

NOV 9 1954

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Leslie L. Hilkey

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.