

FILED DEC 29 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40001

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 445					
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Mercer							
b. CITY OR TOWN Kirksville		c. LENGTH OF STAY (In this place) One Year		c. CITY OR TOWN Rural - Somerset Twp. 650							
d. FULL NAME OF HOSPITAL OR INSTITUTION Kirksville Osteopathic Hos				d. STREET ADDRESS (If rural, give location)							
3. NAME OF DECEASED (Type or Print) Theodore			a. (First)		b. (Middle)		c. (Last) Leivieck				
4. DATE OF DEATH Dec. 13, 1954		(Month) (Day) (Year)									
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 30, 1878					
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Own Farm			11. BIRTHPLACE (State or foreign country) Iowa					
12. CITIZEN OF WHAT COUNTRY? U.S.A.											
13a. FATHER'S NAME Henry Leivieck			13b. MOTHER'S MAIDEN NAME Elizabeth Draper			14. NAME OF HUSBAND OR WIFE Mary Leivieck					
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. 399-18-3238		17. INFORMANT'S SIGNATURE OR NAME Tom Leivieck				ADDRESS Lineville Iowa			
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic Lung Malignancy DUE TO (c) Carcinoma of Prostate II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 WKS +			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 10-28, 1954, to 12-13, 1954, that I last saw the deceased alive on 12-12, 1954, and that death occurred at 1:50 p.m., from the causes and on the date stated above.											
23a. SIGNATURE Norman L. Myers			23b. ADDRESS 1004 Kirksville, Mo			23c. DATE SIGNED 12-13-54					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 15, 1954		24c. NAME OF CEMETERY OR CREMATORY Wilder Cemetery		24d. LOCATION (City, town, or county) Mercer County Mo. (State)					
DATE REC'D BY LOCAL REG. 12-27-54		REGISTRAR'S SIGNATURE Kate Lambert			FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lineville Iowa						

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 18 1953

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.

Signed Robert B. Davis

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4219

P. O. Address. Brittsville, Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.