

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32030

FILED SEP 26 1955

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>359</u>		PRIMARY REG. DIST. NO. <u>4525</u>		Registrar's No. <u>13</u>		
1. PLACE OF DEATH a. COUNTY <u>VERNON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>VERNON</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MIL0</u>		c. LENGTH OF STAY (in this place) <u>6 wks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		d. STREET ADDRESS (If rural, give location) <u>MIL0 MO. 1050</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>BELLE</u> c. (Last) <u>LEVAUGH</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 12 1955</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>NOV 29 1862</u>		
9. AGE (In years last birthday) <u>92</u>		10. MONTHS <u>9</u>		11. DAYS <u>13</u>		12. IF UNDER 1 YEAR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>MEXICO MO</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>			13a. FATHER'S NAME <u>SIDNEY ABERSON</u>		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <u>CHARLES H LEVAUGH</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert Le Vaughn Milo Mo</u>				
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) <u>Ruptured aortic aneurysm</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>451X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 minute</u> <u>?</u>		
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 <u>12-6</u> , 19 <u>55</u> , to <u>9-12</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>9/10</u> , 19 <u>55</u> , and that death occurred <u>9:12</u> a.m., from the causes and on the date stated above.								
23a. SIGNATURE <u>R. G. Morris</u> (Degree or title) <u>MD.</u>		23b. ADDRESS <u>Nevada Mo</u>		23c. DATE SIGNED <u>9/16/55</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Sept 14-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MIL0</u>		24d. LOCATION (City, town, or county) (State) <u>MIL0 MO</u>		
DATE REC'D BY LOCAL REG. <u>SEP 20 1955</u>		REGISTRAR'S SIGNATURE <u>Mr. Ruth Faith S. Bernard</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Berry</u>		ADDRESS		

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

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 J. Bernard Beems

Licensed Embalmer No. 4151

P. O. Address Sheldon, 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.