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FILED DEC 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37512**

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5761 Registrar's No. 45

1. PLACE OF DEATH
a. COUNTY **Marion**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Marion**

b. CITY (If outside corporate limits, write RURAL and give town) **Rural Liberty Twnsp.** c. LENGTH OF STAY (in this place) **1 year**

c. CITY OR TOWN **Rural-Liberty Tp** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **4 mi. East Palmyra, Mo.**

STREET ADDRESS (If rural, give location) **4 mi. East Palmyra, Mo.**

3. NAME OF DECEASED (Type or Print) a. (First) **Daniel** b. (Middle) **McLeod** c. (Last) **Levelady** 4. DATE OF DEATH (Month) (Day) (Year) **Nov. 22 1955**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Never Married** 8. DATE OF BIRTH **12 March 1879** 9. AGE (In years last birthday) **76** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hour Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farming** 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) **Marion County, Missouri** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **William Levelady**

13b. MOTHER'S MAIDEN NAME **Hettie Fleming**

14. NAME OF HUSBAND OR WIFE **none**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. **none**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Georgia Kennedy, Palmyra, Mo.**

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, ashenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Occlusion**
ANTECEDENT CAUSES DUE TO (b) **Coronary Heart Disease**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **H201**

INTERVAL BETWEEN ONSET AND DEATH **48 hrs**

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) 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 **Nov 19**, 1955, to **Nov 22**, 1955, that I last saw the deceased alive on **Nov 21**, 1955, and that death occurred at **4:00a** m., from the causes and on the date stated above.

23a. SIGNATURE **[Signature]** (Degree or title) 23b. ADDRESS **Palmyra Mo**

23c. DATE SIGNED **11/22/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **23 Nov. 1955**

24c. NAME OF CEMETERY OR CREMATORY **Greenwood Cemetery**

24d. LOCATION (City, town, or county) (State) **Palmyra, Missouri**

DATE REC'D BY LOCAL REG. **11-22-55** REGISTRAR'S SIGNATURE **Dr. E. M. Lucke**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **[Signature] Palmyra, Mo.**

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

RECEIVED DEC 8 1955
MARION CO. HEALTH DEPT.
DATE FILED DEC 8 1955

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.....
Signature of Student Embalmer

Signed *George M. Lewis*.....

Licensed Embalmer No. 4851

P. O. Address Palmyra, Me

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.