

FILED DEC 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38527**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10162**

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give town) **St. Louis**
c. LENGTH OF STAY (If in hospital or institution, give date of admission) **22 days**
d. FULL NAME OF HOSPITAL OR INSTITUTION **Minors Pacific Hospital Association**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.**
b. COUNTY **Lincoln**
c. CITY OR TOWN **Elsberry**
d. Is Residence within limits of a city or incorporated town? Yes No

STREET ADDRESS (If rural, give location) **309 South Second Street.,**

3. NAME OF DECEASED
a. (First) **ARCHIBALD**
b. (Middle) **LEVERINGTON**
c. (Last) _____
4. DATE OF DEATH (Month) **11** (Day) **19** (Year) **55**

5. SEX **M**
6. COLOR OF RACE **Wh**
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**
8. DATE OF BIRTH **Sept. 19, 1879**
9. AGE (In years last birthday) **76 yrs**
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 24 HRS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Conductor**
10b. KIND OF BUSINESS OR INDUSTRY **Rail road**
11. BIRTHPLACE (City and State or Foreign Country) **West Lorne, Antario, Canada**
12. CITIZEN OF WHAT COUNTRY? **SA**

13a. FATHER'S NAME **William Leverington**
13b. MOTHER'S MAIDEN NAME **Elizabeth Unknown**
14. NAME OF HUSBAND OR WIFE **Kathryn**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No Nil**
16. SOCIAL SECURITY NO. **Unknown**
17. INFORMANT'S SIGNATURE OR NAME **Leo Leverington, Elsberry, Missouri.** ADDRESS _____

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Thrombosis**
ANTECEDENT CAUSES **Left Hemiplegia**
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **Generalized Arteriosclerosis**
DUE TO (c) **Senility**
II. OTHER SIGNIFICANT CONDITIONS **Conditions contributing to the death but not related to the disease or condition causing death.**
INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____
19b. MAJOR FINDINGS OF OPERATION **332x**
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) _____
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 **Oct. 29, 1955**, to **Nov. 19, 1955**, that I last saw the deceased alive on **Nov. 19, 1955**, and that death occurred at **7:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Leo Leverington** (Degree or title) _____
23b. ADDRESS **332x**
23c. DATE SIGNED **11-21**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**
24b. DATE **11-19-55**
24c. NAME OF CEMETERY OR CREMATORY **Elsberry City**
24d. LOCATION (City, town, or county) (State) **Elsberry, Missouri.**

DATE REC'D BY LOCAL REG. **NOV 21 1955**
REGISTRAR'S SIGNATURE **Carl Smith Mo**
25. FUNERAL DIRECTOR'S SIGNATURE **Albert H. Hoppe** ADDRESS **4700 Washington Blvd**

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

DEC 2 1958

DEC 6 1958

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 *James Binkley*.....
Licensed Embalmer No.....

P. O. Address *St. Louis*.....

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.