

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21090

State File No. _____

FILED JUN 26 1956

BIRTH NO. _____		REG. DIST. NO. <u>181</u>		PRIMARY REG. DIST. NO. <u>4293</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>LINCOLN</u>		b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>ELSBERRY</u>)		a. STATE <u>MISSOURI</u>		b. COUNTY <u>LINCOLN</u>	
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>ELSBERRY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>507 DuBois</u>				e. STREET ADDRESS (If rural, give location) <u>507 DuBois</u>		0570	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>CHARLEY</u>	b. (Middle)	c. (Last) <u>LEVENGOOD</u>	Month <u>JUNE</u>	Day <u>12</u>	Year <u>1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>MAY 29, 1873</u>		9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miller</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Flour Mill</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>LaBelle, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>PETER LEVENGOOD</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH DAY</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Levengood</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-07-5352</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Emma Levengood - ELSBERRY, Mo.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL THROMBOSIS</u>		ANTECEDENT CAUSES DUE TO (b) <u>GEN. ARTERIOSCLEROSIS</u>				<u>2 DAYS</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>year</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>GANGRENE RT-FOOT</u>				<u>3 MO.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>3, 3, 2x</u>				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) m.		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>3-29, 1956</u> , to <u>6-12, 1956</u> , that I last saw the deceased alive on <u>10-11-56</u> , 1956, and that death occurred at <u>8:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>ELSBERRY, MO</u>			23c. DATE SIGNED <u>6/13/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 15-'56</u>	24c. NAME OF CEMETERY <u>CITY CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ELSBERRY, MO.</u>		
DATE REC'D BY LOCAL REG. <u>6/25/56</u>		REGISTRAR'S SIGNATURE <u>Pro. Clarence Kientz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>ELSBERRY</u>			

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

JUN 26 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 

Licensed Embalmer No. 4012

P. O. Address ELSBERRY

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.