

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38124

State File No. _____

FILED NOV 28 1956

4855

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u>				b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>13 mo.</u>		c. CITY OR TOWN <u>Kansas City</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>512 Woodland, Conv. Home</u>				STREET ADDRESS (If rural, give location) <u>4110 Parallel</u>				<u>415 4</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>OMER</u>			b. (Middle) <u>KENT</u>			c. (Last) <u>LEVERICH</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 8, 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 24, 1869</u>		9. AGE (In years last birthday) <u>87 yrs.</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 48 HRS.: Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret. pharmacist-PHARMACIST</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Town drug store</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Joplin, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>David H. Leverich</u>			13b. MOTHER'S MAIDEN NAME <u>Emiline Beaman</u>			14. NAME OF HUSBAND OR WIFE <u>Vona May Leverich</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lucille J. Stovall</u>				ADDRESS <u>K.C.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>Bronchial pneumonia (terminal)</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis Chronic</u>				several years	
				DUE TO (c) <u>Serulicity</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>420</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>1954</u> to <u>Nov 8</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>11/7/56</u> , 19 <u>56</u> , and that death occurred at <u>8:22 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Chester L. Young M.D.</u>				23b. ADDRESS <u>Brotherhood Bldg. Kansas City, Kans.</u>			23c. DATE SIGNED <u>11/9/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11/10/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Pk. Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Ks.</u>			
DATE REC'D BY LOCAL REG. <u>11-10-56</u>		REGISTRAR'S SIGNATURE <u>neva minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. F. Porter & Sons</u>		ADDRESS <u>K.C.Ks.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD
Chester L. Young

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..... *Howard L. Porter*

Licensed Embalmer No.. 3795...

P. O. Address 19th & Minne
Kansas City,

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.