

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 022677
STATE FILE NUMBER
5457

FILED JUN 20 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5457

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY <input checked="" type="checkbox"/>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION 5076 Arlington			Length of stay in lb		STREET ADDRESS 5076 Arlington (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) CLARENCE CURTIS LEVERINGTON			First	Middle	Last	4. DATE OF DEATH Month June Day 10 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH February 20, 1918		9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor		10b. KIND OF BUSINESS OR INDUSTRY Electrical		11. BIRTHPLACE (City and state or country) Elsberry, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Archibald Leverington				14. MOTHER'S MAIDEN NAME Catherine Mulcare			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 499-12-4575		17. INFORMANT Address St. Louis, Mo. Betty Leverington, 5076 Arlington,			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary failure DUE TO (b) carcinoma DUE TO (c) Tumor at base of brain PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 193x							INTERVAL BETWEEN ONSET AND DEATH 6 hrs 3 1/2 hrs
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 6/10/57 to _____ and last saw her alive on 6/10/57 Death occurred at 4:45 p. m. on the date stated above; and to the best of my knowledge, from the causes stated							
22a. SIGNATURE (Degree or title) Edward F. Leahy D.O.				22b. ADDRESS 259 South Florissant, Ferguson		22c. DATE SIGNED 6/10/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE June 10, 1957	23c. NAME OF CEMETERY OR CREMATORY Local		23d. LOCATION (City, town, or county) (State) Elsberry, Missouri		
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington				ADDRESS St. Louis, Mo. DATE RECD. BY LOCAL REG. JUN 11 '57		26. REGISTRAR'S SIGNATURE Carl Smith MO ms	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300 1-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

1957
 St. Louis
 2076 Arlington
 February 20, 1918
 White
 Female
 Control
 Archbishop Leveaux
 1957-12-12 Betty Leveaux, 2076 Arlington, St. Louis, Mo.

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..... *Elmer R. Colwell*

Licensed Embalmer No. 407

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.

Removal
 1957
 St. Louis, Mo.
 Albert H. Hoppe, 1700 Ashland