

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24067

FILED AUG 8 1957

State File No.

BIRTH NO. REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 5422 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Nevada</u> b. COUNTY <u>Bunkersville</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. CITY OR TOWN <u>Bunkersville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>3 days</u>		e. STREET ADDRESS (If rural, give location) <u>no street number</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>J.H. Davis Res. Route 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lemuel</u> b. (Middle) <u>Leavitt</u> c. (Last) <u>Leavitt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 30, 1957</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 19, 1893</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR: Months <u>2</u> Days <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agri.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Utah</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Thomas Leavitt</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Agnes Leavitt</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Agnes Leavitt</u> ADDRESS <u>Bunkersville, Nev.</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		II. OTHER SIGNIFICANT CONDITIONS		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Antecedent Causes		
		DUE TO (b) _____		
		DUE TO (c) _____		
		Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
21a. ACCIDENT SUICIDE HOMICIDE: <u>/</u>	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 D.O.A., 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. H. Zimmerman, M.D.</u> (Degree or title)	23b. ADDRESS <u>Kennett Mo.</u>	23c. DATE SIGNED <u>30 July 57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-4-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bunkersville</u>
24d. LOCATION (City, town, or county) (State) <u>Bunkersville, Nevada</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McDaniel Kennett, Mo.</u> ADDRESS
DATE REC'D BY LOCAL REG. <u>8-1-57</u>	REGISTRAR'S SIGNATURE <u>Carl Huband</u>	

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

10-0

RECEIVED DUNKLIN COUNTY
DEPARTMENT 8-7-
COUNTY FILE NUMBER 857-

AUG 26 1957

AUG 29 1957

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 *Michael B. Baird*
Licensed Embalmer No. *4888*
P. O. Address *Farmville*

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.