

FILED MAR 3 - 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005668
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 631

300 U
-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital #1		Length of stay in lb 40 Yrs	d. STREET ADDRESS (If outside, give location) 3800 Olive Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Jacob Middle Robert Last LeVore			4. DATE OF DEATH Month 2 - Day 6 - Year 1958
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr 7 No Record
9. AGE (In years last birthday) About 83		10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Cabinet Maker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Cripple Creek Colorado
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Thomas LeVore	
13b. MOTHER'S MAIDEN NAME No record		14. NAME OF HUSBAND OR WIFE Louise LeVore	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give branch or dates of service) no		16. SOCIAL SECURITY NO. 495-10 5842	
17. INFORMANT Louise LeVore		Address 3800 Olive K.C.Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive cerebral hemorrhage			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			331x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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 _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <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 2-5-58 to 2-6-58 and last saw ^{him} alive on 2-6-58 Death occurred at 9:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>B. I. Burns, M.D.</i> (Degree or title)		22b. ADDRESS General Hospital No. 1	
22c. DATE SIGNED 2-6-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 11 1958	23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR Mrs C.L. Forster Funeral Home		25. DATE RECD. BY LOCAL REG. 2-6-58	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
B. I. BURNS

All diseases in Part I must be causally related.
Doctor, coroner, etc. must use only standard nomenclature in their reports. No symptoms.

918 Brooklyn K.C.Mo.

(Licensed Embolmer's Statement on Reverse Side)



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 *John V. Herrick, Jr.*

Licensed Embalmer No. *4848*

P. O. Address *F. L. ...*

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.