

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026108

STATE FILE NUMBER

FILED JUL 21 1958

Registration District No. 169 Primary Registration District No. 4258 Registrar's No. 08

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY KNOX			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LEWIS		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN EDINA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN LA BELLE 0560		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gibson Hospital		Length of stay in 1b 3 WEEKS	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) ARMINA			First Middle Last LEVENGOOD		4. DATE OF DEATH Month Day Year July 11 1958
5. SEX Female	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 15, 1869	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months Days Hours Min. 9 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) SCOTLAND County, Mo		12. CITIZEN OF WHAT COUNTRY? UNITED STATES
13a. FATHER'S NAME N. B. McLIN		13b. MOTHER'S MAIDEN NAME NANCY TURNER		14. NAME OF HUSBAND OR WIFE EDWIN LEVENGOOD	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Address MRS. OLLIE DARE LABELLE, 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) Circulatory Failure					INTERVAL BETWEEN ONSET AND DEATH 2 Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Thrombotic Encephalomalacia					2 months
DUE TO (c) Arteriosclerosis					332X years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Malnutrition					18 WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year 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 June 18, 1958 to July 11, 1958 and last saw her alive on July 11, 1958 Death occurred at 3:45 PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Myron Hughes do			22b. ADDRESS Edina Mo		22c. DATE SIGNED 7-11-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE July 14	23c. NAME OF CEMETERY OR CREMATORY DEERRIDGE CEMETERY		23d. LOCATION (City, town, or county) (State) DEERRIDGE MO.
24. FUNERAL DIRECTOR J. A. CODER JR		ADDRESS LA BELLE, Mo	25. DATE RECD. BY LOCAL REG. July 18 58		26. REGISTRAR'S SIGNATURE Helle A. Humolt

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

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 Mary, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed J. E. ... Jr.

Licensed Embalmer No. 4328
P. O. Address La Belle, Mo

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.