

FILED FEB 25 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4214 State File No. 4758

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <del>323</del>		Registrar's No. <u>54</u>			
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (When deceased lived. If institution: address before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>					
b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN <u>Deepwater, Mo.</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN <u>Deepwater</u>		d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home.</u>				d. STREET ADDRESS					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Keith</u> b. (Middle) <u>Randall</u> c. (Last) <u>Lebow.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 15 1952</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Sept, 2nd 1951</u>			
9. AGE (In years last birthday) <u>5</u>		10. MONTHS <u>13</u>		11. BIRTHPLACE (State or foreign country) <u>Clinton Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME <u>Gerald Lebow</u>		13b. MOTHER'S MAIDEN NAME <u>Joan Bruback.</u>			
13c. NAME OF HUSBAND OR WIFE		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Gerald Lebow</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Deepwater</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Deepwater</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Deepwater</u>			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Lobar</u>				DUPLICATE OF (b) <u>Influenza</u>				2-14-52	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				DUPLICATE OF (c)				2-4-52.	
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) <u>Deepwater, Henry Missouri.</u>					
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>2-14-1952</u> , to <u>2-15-1952</u> , that I last saw the deceased alive on <u>2-15-52</u> , 19 <u>52</u> , and that death occurred at <u>5-30a</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Dick P. ...</u>		(Degree or title) <u>D. O.</u>		23b. ADDRESS <u>Deepwater, Missouri...</u>		23c. DATE SIGNED <u>2-15-52.</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 17, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Deepwater Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Deepwater Mo.</u>			
DATE REC'D BY LOCAL REG <u>Feb-18-52</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Tom Hurst</u>		ADDRESS <u>Deepwater Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

420

420

480X

**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 \_\_\_\_\_  
Student Embalmer

Signed *Tom Stuart* \_\_\_\_\_

Licensed Embalmer No. *2782* \_\_\_\_\_

P. O. Address *Deepwater 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 this body is not embalmed, fact should be so stated above.