

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5588

State File No.

FILED MAR 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 67

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY HENRY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Henry | |
| b. CITY (If outside corporate limits, write RURAL and give town) CLINTON MO | | c. CITY (If outside corporate limits, write RURAL and give township) CLINTON RFD 4 0420 | |
| c. LENGTH OF STAY (In this place) 21 yrs | | d. STREET ADDRESS (If rural, give location) near Kovers Leap Smithville | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION None | | | |

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|---|--|---|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) LAVENA c. (Last) LEVITT | | | 4. DATE OF DEATH (Month) (Day) (Year) 2 19 1953 | | |
| 5. SEX Fe | | 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | |
| 8. DATE OF BIRTH Nov-11 1865 | | 9. AGE (In years last birthday) 87 | | IF UNDER 1 YEAR Months 3 Days 6 | |
| IF UNDER 24 HRS. Hours Min. | | 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 (State or foreign country) MISSOURI | | | 12. CITIZEN OF WHAT COUNTRY? A | | |

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|--|--|---|--|---|--|
| 13a. FATHER'S NAME George Kinder | | 13b. MOTHER'S MAIDEN NAME Charity Jane Bond | | 14. NAME OF HUSBAND OR WIFE John I Levitt | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wynoa Levitt Clinton Mo | |

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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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease | | INTERVAL BETWEEN ONSET AND DEATH 5 yrs | |
| ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) Generalized Arteriosclerosis | | 20 yrs | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | DUE TO (c) | | | |

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|---|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4200 | | 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) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 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 June 1950 to Feb 1953, that I last saw the deceased alive on Feb 19, 1953, and that death occurred at 2 A m., from the causes and on the date stated above.

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|--|--|--|--|--|--|
| 23a. SIGNATURE (Degree or title) James Smith MD | | 23b. ADDRESS Clinton, Missouri | | 23c. DATE SIGNED 20-Feb-53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Feb-22-53 | | 24c. NAME OF CEMETERY OR CREMATORY Guywood | |
| 24d. LOCATION (City, town, or county) (State) Clinton Mo | | DATE REC'D BY LOCAL REG. Feb-22-53 | | REGISTRAR'S SIGNATURE Florence Adair | |
| 25. FEDERAL DIRECTOR'S SIGNATURE Frederick W. Peterson | | ADDRESS Clinton | | | |

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

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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 Fred Wickerson

Licensed Embalmer No. 2478

P. O. Address Clinton

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.