

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4214

8400

FILED APR 12 1954

BIRTH NO. _____

REG. DIST. NO. 137

PRIMARY REG. DIST. NO. 5508

Registrar's No. 346

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Deepwater</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Deepwater</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Roger</u> b. (Middle) <u>Stanley</u> c. (Last) <u>Lebow</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 7, 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>XXX</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XXX</u>		8. DATE OF BIRTH <u>March 17, 1953</u>	
				9. AGE (In years last birthday) Months Days Hours Mins. <u>1</u> <u>20</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Gerald Lebow</u>		13b. MOTHER'S MAIDEN NAME <u>Joan Brubeck</u>		14. NAME OF HUSBAND OR WIFE <u>XXXX</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Joan Lebow Deepwater Mo.</u>	

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

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>			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) (Minute)		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 1953 to April 7, 1954, that I last saw the deceased alive on April 7, 1954, and that death occurred at 8:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. C. Brown</u>		23b. ADDRESS <u>Deepwater Mo</u>		23c. DATE SIGNED <u>4-8-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 9, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Deepwater Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Deepwater Mo</u>	
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DATE RECD BY LOCAL REG. <u>April 8-54</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Deporter</u>		ADDRESS <u>Deepwater Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48
420

MAY 21 1962

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 Hunt

Licensed Embalmer No. 2782

P. O. Address Duquoin, 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.