

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. 18713  
Registrar's No. 10

FILED JUN 29 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Henry</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission):<br>a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Windsor</u> |  | c. CITY (If outside corporate limits, write RURAL and give township):<br>OR TOWN <u>Windsor Sup Rural</u>                                  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Windsor Hospital</u>                                |  | d. STREET ADDRESS (If rural, give location)<br><u>R # 4 Windsor</u>  |  |

|  |                                  |  |   |   |  |
|--|----------------------------------|--|---|---|--|
| 3. NAME OF DECEASED<br>(Type or Print) <u>CHARLES H LEVERTON</u>   |                                  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>June 17 1954</u> |   |  |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED<br><u>Widowed</u> | 8. DATE OF BIRTH<br><u>July 24 1872</u>                         | 9. AGE (In years last birthday)<br><u>81</u>                                      | 10. IF UNDER 1 YEAR<br>Months <u>10</u> Days <u>24</u> |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)<br><u>Farming</u> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY                              |   | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Jayette County, Iowa</u> |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>  |                                  |  |   |   |  |

|   |   |   |
|---|---|---|
| 13a. FATHER'S NAME<br><u>Isaac Leverton</u>                       | 13b. MOTHER'S MAIDEN NAME<br><u>Almira Rathburn</u>           | 14. NAME OF HUSBAND OR WIFE<br><u>Eliza Yount Leverton</u>      |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. (If yes, give war or date of service) | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mrs Harry Jagodnick</u> |
| <u>no</u>   | <u>none</u>   | ADDRESS<br><u>Kansas City, Mo</u>                               |

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION<br><u>11202 E. Wash St</u>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>?</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of sigmoid colon</u>  |  |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |  |

|  |  |   |
|--|--|---|
| 19a. DATE OF OPERATION                             | 19b. MAJOR FINDINGS OF OPERATION<br><u>153 X</u>   | 20. AUTOPSY?<br>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) m. | 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 17, 1954 to June 17, 1954, that I last saw the deceased alive on June 17, 1954, and that death occurred at 11:05 P.M. with the causes and on the date stated above.

|  |                                  |   |  |
|--|----------------------------------|---|--|
| 23a. SIGNATURE<br><u>Ray B. Jordan</u>                     | (Degree or title)<br><u>M.D.</u> | 23b. ADDRESS<br><u>Windsor Mo</u>                       | 23c. DATE SIGNED<br><u>6-15-54</u>                                 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 24b. DATE<br><u>6-20-54</u>      | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Laurel Oak</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Windsor Mo</u> |

|   |  |     |  |                              |
|---|--|-----|--|------------------------------|
| DATE REC'D BY LOCAL REG.<br><u>June 20-54</u> | REGISTRAR'S SIGNATURE<br><u>Florence Adair</u> | 422 | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Huston Turner</u> | ADDRESS<br><u>Windsor Mo</u> |
|---|--|-----|--|------------------------------|

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

300

**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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, Va

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.