

THE STATE OF MISSOURI
FILED OCT 20 1949 STANDARD CERTIFICATE OF DEATH

33204
 State File No.

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>5172</u>		Registrar's No. <u>352</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY <u>Callaway</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Shamrock)</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		a. STATE <u>Missouri</u>		
b. CITY OR TOWN <u>Rural (Shamrock)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Shamrock</u>		d. STREET ADDRESS (If rural, give location)		b. COUNTY <u>Callaway</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS _____				
3. NAME OF DECEASED			4. DATE OF DEATH					
a. (First) <u>William</u>	b. (Middle) <u>Linsley</u>	c. (Last) <u>Lavendar</u>	(Month) <u>Oct</u>	(Day) <u>4</u>	(Year) <u>1949</u>			
(Type or Print)								
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 8, 1866</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>26</u>	IF UNDER 2 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Roanoke Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>John Lavendar</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Mc Kabe</u>		14. NAME OF HUSBAND OR WIFE <u>Lizzie</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>L</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Pricie Hale</u>		ADDRESS <u>Martinsburg, Mo.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism</u>				<u>Sudden</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.		ANTECEDENT CAUSES						
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u>				<u>12 yrs.</u>		
		DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS.				<u>4500</u>		
Conditions contributing to the death but not related to the disease or condition causing death.								
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) _____				
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 <u>Aug. 5</u> , 19 <u>49</u> , to <u>Oct. 4</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Oct. 4</u> , 19 <u>49</u> , and that death occurred at <u>2 P.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>A. Haich</u> (Degree or title) <u>Mo. D.</u>				23b. ADDRESS <u>Middleton, Mo.</u>		23c. DATE SIGNED <u>10-11-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 6, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Creston</u>		24d. LOCATION (City, town, or county) (State) <u>Shamrock, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Oct 12-1949</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hughes Maupin</u>		ADDRESS <u>Ark Vasse, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

 14
 9

RECEIVED
OCT 18 1949
District Health Officer No. 9,
District File Number

[APR 18 1955

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 *Hughes Manpin* _____

Licensed Embalmer No. *2358* _____

P. O. Address *AuxVasse, 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.