S. No. 300
v. 10.48

0530

FILED SEP 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27378

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5635 Registrar's No. 329

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

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Phillipsburg, Route #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Laclede
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 0530
d. STREET ADDRESS (If rural, give location): Phillipsburg, Route # 1

3. NAME OF DECEASED (Type or Print)
a. (First): Fred
b. (Middle):
c. (Last): Lavryk

4. DATE OF DEATH (Month) (Day) (Year): Aug. 22, 1950

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Aug. 13, 1888
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Foundry worker
11. BIRTHPLACE (State or foreign country): Minsk, Russia 6
12. CITIZEN OF WHAT COUNTRY?: Yes

13a. FATHER'S NAME: Max Lavryk
13b. MOTHER'S MAIDEN NAME: Anna Novak
14. NAME OF HUSBAND OR WIFE: Elizabeth Lavryk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 357-05-6290
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Elizabeth Lavryk
ADDRESS: R # 1

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 Phillipsburg, Mo.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary heart disease, acute — INTERVAL BETWEEN ONSET AND DEATH: 10 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): acute cholecystitis — ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: 420

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug-22, 1950, *to* Aug 22, 1950, *that I last saw the deceased alive on* 8-22, 1950, *and that death occurred at* 7 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H W Carrington, M.D.
23b. ADDRESS: Lebanon, Mo.
23c. DATE SIGNED: 8-25-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/26/50
24c. NAME OF CEMETERY OR CREMATORY: Lebanon City Cem.
24d. LOCATION (City, town, or county) (State): Lebanon, Mo.

DATE REC'D BY LOCAL REG.: 8-27-1950
REGISTRAR'S SIGNATURE: Della L. Day 424
25. FUNERAL DIRECTOR'S SIGNATURE: Palmers
ADDRESS: Lebanon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Received SEP 2 1950

Laclede County Health Unit

File No. 9-50-182

Date Filed SEP 5 1950

JUL 6 1951

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 Richard R. Palmer

Licensed Embalmer No. 4595

P. O. Address Lebanon, 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.