

No. 300
10. 48

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3723

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5043 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Arkansas b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Seligman		c. LENGTH OF STAY (In this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eureka Springs 8030	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle)	c. (Last) Lavezzi	4. DATE OF DEATH (Month) (Day) (Year) 2-5-1951
-------------------------------------	------------------------	-------------	--------------------------	---

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 6-7-1904	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
--------------------	-------------------------------	---	----------------------------------	---	------------------------	----------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Ill	12. CITIZEN OF WHAT COUNTRY?
---	---	--	------------------------------

13a. FATHER'S NAME S. J. Lavezzi	13b. MOTHER'S MAIDEN NAME Margaret Viaivi	14. NAME OF HUSBAND OR WIFE Irma Irwin Lavezzi
---	--	---

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.	17. INFORMANT'S SIGNATURE OR NAME Irma Lavezzi-Eureka Springs, Ark.	ADDRESS
--	-------------------------	--	---------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201

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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on **Feb. 5, 19-51**, and that death occurred at **1:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul D. Henbest coroner	23b. ADDRESS Cassville, Mo	23c. DATE SIGNED 2-5-1951
---	-----------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-6-1951	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Eureka Springs, Ark.
--	---------------------------	------------------------------------	---

DATE REC'D BY LOCAL REG. Feb 7-1951	REGISTRAR'S SIGNATURE Grace Williams	25. FUNERAL DIRECTOR'S SIGNATURE McVay	ADDRESS Eureka Springs, Ark.
--	---	---	-------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

0050

DIVISION OF HEALTH OF MD.

District No. 5 -

RECEIVED FEB 13 1951

Dist. File 251-372

Date Filed 2-14-51

1951 E-1011

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.

Coroner Paul D. Heubert states the body was not embalmed
Grace Williams Local Registrar