

FILED MAR 1 1951

STANDARD CERTIFICATE OF DEATH

State File No. 5199

BIRTH NO. 124 REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 29

1. PLACE OF DEATH  
a. COUNTY Lafayette  
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Lexington  
c. LENGTH OF STAY (If in this place) 2 days  
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Lafayette  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington 0542  
d. STREET ADDRESS (If rural, give location) 24th & South

3. NAME OF DECEASED  
a. (First) FRANCIS b. (Middle) M. c. (Last) MAVEL  
4. DATE OF DEATH (Month) (Day) (Year) February 18, 1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH August 25, 1876 9. AGE (In years last birthday) 74 5 23

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner 10b. KIND OF BUSINESS OR INDUSTRY mining 11. BIRTHPLACE (State or foreign country) France 12. CITIZEN OF WHAT COUNTRY? Not known

13a. FATHER'S NAME Not known 13b. MOTHER'S MAIDEN NAME Not known 14. NAME OF HUSBAND OR WIFE Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) not known 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Francis Mavel, Boonville, Mo. 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, asthma, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Myocardial heart disease  
congestive failure  
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.  
INTERVAL BETWEEN ONSET AND DEATH 20 years  
023x

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) \_\_\_\_\_ 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 Dec 17, 1930, to Feb. 18, 1951, that I last saw the deceased alive on 12 Feb, 1951, and that death occurred at 1:15 AM, from the causes and on the date stated above.

23a. SIGNATURE O. Greenwald (Degree or title) \_\_\_\_\_ 23b. ADDRESS Lexington Mo 23c. DATE SIGNED 16 Feb 51

24a. BURIAL CREMATION, REMOVAL (Specify) Burial 24b. DATE February 20, 1951 24c. NAME OF CEMETERY OR CREMATORY Washpelah 24d. LOCATION (City, town, or county) (State) Lexington, Mo.

DATE REC'D BY LOCAL REG. Feb 26 1951 REGISTRAR'S SIGNATURE Maxwell S. Eastman 156 156 25. FUNERAL DIRECTOR'S SIGNATURE James T. Humpal ADDRESS \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

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

420

1967 23 28

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RECEIVED 2-28-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 2-28-51

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 \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

Student \_\_\_\_\_ Student Embalmer

Signed \_\_\_\_\_  
2983

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_  
Springer, 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.