

FILED NOV 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33023**

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **139**

1. PLACE OF DEATH
a. COUNTY **Cooper**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Boonville**
c. LENGTH OF STAY (If in this place) **6 Yrs.**
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **At home, 621 Fourth St.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Cooper.**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Boonville, 0272**
d. STREET ADDRESS (If rural, give location) **621 Fourth St. A**

3. NAME OF DECEASED (Type or Print)
a. (First) **Francis** b. (Middle) **Marrie** c. (Last) **Mavel**
4. DATE OF DEATH (Month) (Day) (Year) **November 4 1951**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **May 23 1901** 9. AGE (In years last birthday) **50** IF UNDER 1 YEAR Months Days IF UNDER 1 HOUR Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Picture Machine Operator Lyrac Theatre** 10b. KIND OF BUSINESS OR INDUSTRY **France** 11. BIRTHPLACE (State or foreign country) **4** 12. CITIZEN OF WHAT COUNTRY? **USA.**

13a. FATHER'S NAME **Francis Mave I;** 13b. MOTHER'S MAIDEN NAME **Margariete Carvalic** 14. NAME OF HUSBAND OR WIFE **Mavel. Mrs. Isabel Shroyer**

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. **486-09-4183** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Isabel Mavel. Boonville, Mo.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Occlusion**
INTERVAL BETWEEN ONSET AND DEATH **1/2 hr**
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. ...
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **none**

19a. DATE OF OPERATION **none** 19b. MAJOR FINDINGS OF OPERATION **4201** 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) (Min) _____ 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 **10-30, 1951**, to **11-4, 1951**, that I last saw the deceased alive on **11-4, 1951**, and that death occurred at **5:55 Am.**, from the causes and on the date stated above.

23a. SIGNATURE **T.C. Beckwith MD** (Degree or title) 23b. ADDRESS **Boonville Mo** 23c. DATE SIGNED **11-5-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Nov. 7 1951** 24c. NAME OF CEMETERY OR CREMATORY **Mac Pacla** 24d. LOCATION (City, town, or county) (State) **Lexington, Missouri.**

DATE REC'D BY LOCAL REG. **11-5-51** REGISTRAR'S SIGNATURE **St. Hooper 381** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Goodman & Boller, Boonville, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

277
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RECEIVED NOV 18 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 3 1951

MAR 25 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. 433

working under my personal supervision.

Student F. William Kasman
Student Embalmer

Signed J. A. Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville, 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.