

S. No. 300  
IV. 10.4  
JUL 31 1952THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24945

BIRTH NO.		REG. DIST. NO. 174	PRIMARY REG. DIST. NO. 3035	Registrar's No. 65
1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington		c. LENGTH OF STAY (In this place) 3 wks.		
d. FULL NAME OF HOSPITAL OR INSTITUTION Lexington Memorial Hosp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington		
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Mansour Oissaf c. (Last) Thomas (Ghosne)		4. DATE OF DEATH July 14 1952		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 12, 1867	9. AGE (In years last birthday) 85
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) Souhaile, Lebanon, Syria	12. CITIZEN OF WHAT COUNTRY? Syria
13a. FATHER'S NAME Mansour Oissaf		13b. MOTHER'S MAIDEN NAME Chahidi Kai (Kalish)	14. NAME OF HUSBAND OR WIFE deceased - Thanios Genad Ghosne	
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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rose Anton, Lexington, Missouri	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic heart disease  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 2 previous attacks coronary thrombosis  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 2 yrs.
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) (Min)	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 June 25, 1952, to July 14, 1952, that I last saw the deceased alive on July 14, 1952, and that death occurred at 4:27 P.M., from the causes and on the date stated above.				
23a. SIGNATURE Joe W. Ward, M.D. (Degree or title)		23b. ADDRESS 1315 Franklin Ave. Lexington, Missouri		23c. DATE SIGNED 7-21-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 16, 1952	24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Lexington, Missouri
DATE REC'D BY LOCAL REG. 7-22-52	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

**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

*L. W. McKean*

Licensed Embalmer No. *2983*

P. O. Address *Leungton Mass*

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.