

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39065**
Registrar's No. **458**

No. 300
10.48
FILED NOV 26 1952

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **5368**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Blue		c. LENGTH OF STAY (In this place) 30 yrs	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		d. STREET ADDRESS (If rural, give location) RR 4, Box 956	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, RR 4,			
3. NAME OF DECEASED (Type or Print) Lewis		a. (First) H.	
		b. (Middle) DeFrates	
		c. (Last) DeFrates	
4. DATE OF DEATH Nov. 11, 1952			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 1, 1880
9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 0	IF UNDER 1 YEAR Days 0	IF UNDER 1 YEAR Hours 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY building trade	11. BIRTHPLACE (City and State or Foreign Country) Jacksonville, Ill.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John DeFrates		13b. MOTHER'S MAIDEN NAME Mary Fererar	
14. NAME OF HUSBAND OR WIFE Clara DeFrates			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 490 09 2650	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Clara DeFrates		ADDRESS Independence, Mo.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. 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) Coronary Sclerosis DUE TO (c) General Arteriosclerosis 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial asthma	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
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 Feb 15, 1952 to Nov 11, 1952 , that I last saw the deceased alive on Nov 11, 1952 and that death occurred at 1 PM m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Est Allen M.D.		23b. ADDRESS Independence, Mo. 64112-15	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/18/52	24c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cem.	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
DATE REC'D BY LOCAL REG. Nov 13-52	REGISTRAR'S SIGNATURE James H. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Geo. C. [Signature]	ADDRESS Independence, Mo.

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

480

SEP 7 1954

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 Charles E. Schroeder

Licensed Embalmer No. 4741

P. O. Address Independence 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.