

FILED MAY 8 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14363**  
**2044**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>                       |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |   |
| b. CITY OR TOWN <b>Kansas City</b>                                  |  | c. CITY OR TOWN <b>Independence</b>   | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <b>4 days</b>                     |  | e. STREET ADDRESS (If rural, give location) <b>7005 1222 North Spring Street</b>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Osteopathic Hospital</b> |  |   |   |

|   |                       |                        |   |
|---|-----------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>EMIL</b> | b. (Middle) <b>J.</b> | c. (Last) <b>MAVEL</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>April 14 1953</b> |
|---|-----------------------|------------------------|---|

|                    |                               |   |                                       |   |   |   |
|--------------------|-------------------------------|---|---------------------------------------|---|---|---|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>July 23, 1897</b> | 9. AGE (In years last birthday) <b>55</b> | If UNDER 1 YEAR Months _____ Days _____ | If UNDER 10 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|---------------------------------------|---|---|---|

|  |  |   |  |
|--|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Janitor</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>Steel Darby Corp.</b> | 11. BIRTHPLACE (City and State or Foreign Country) <b>Fontaines Saone Rhone, France</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
|--|--|---|--|

|  |  |  |
|--|--|--|
| 13a. FATHER'S NAME <b>John Louis Mavel</b> | 13b. MOTHER'S MAIDEN NAME <b>Emilie Briton</b> | 14. NAME OF HUSBAND OR WIFE <b>Ethel Mavel</b> |
|--|--|--|

|   |  |  |   |
|---|--|--|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b> | 16. SOCIAL SECURITY NO. <b>487-05-0611</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Ethel Mavel</b> | ADDRESS <b>1222 N. Spring, Indep. Mo.</b> |
|---|--|--|---|

|   |   |  |  |                 |
|---|---|--|--|-----------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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) <b>Acute Cardiac Deкомпensation</b>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Immediate</b> |                 |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Pulmonary Fibrosis</b> |  |  | <b>3 5 yr</b>   |
|   | DUE TO (c) <b>Chronic Emphysema</b>   |  |  | <b>3 5 yr 5</b> |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Silicosis (non-t.B.)</b>   |   |  | <b>5230</b>  |                 |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 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 **Jan. 1950**, to **4-14 1953**, that I last saw the deceased **Alive on 4-14 1953**, and that death occurred at **4:45 P.M.**, from the causes and on the date stated above.

|                                     |                             |                               |                                 |
|-------------------------------------|-----------------------------|-------------------------------|---------------------------------|
| 23a. SIGNATURE <b>Wm. J. Sumner</b> | (Degree or title) <b>MD</b> | 23b. ADDRESS <b>Indep. Mo</b> | 23c. DATE SIGNED <b>4-14-53</b> |
|-------------------------------------|-----------------------------|-------------------------------|---------------------------------|

|  |                                 |  |  |
|--|---------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b> | 24b. DATE <b>April 15, 1953</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Machpelah Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>Lexington, Missouri</b> |
|--|---------------------------------|--|--|

|   |  |   |                                    |
|---|--|---|------------------------------------|
| DATE REC'D BY LOCAL REG. <b>4-16-53</b> | REGISTRAR'S SIGNATURE <b>Shealdine Smith</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Tempel Funeral Home</b> | ADDRESS <b>Lexington, Missouri</b> |
|---|--|---|------------------------------------|

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

WYOMING

1948

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.....  
Signature of Student Embalmer

Signed *Charles E. Schroeder*

Licensed Embalmer No. *4741*

P. O. Address *Independence*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.