

FILED FEB 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5214

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 53

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 town or township) Independence	c. LENGTH OF STAY (In this place) 17 Yrs.	c. CITY OR TOWN Independence	d. Is Residence within limits of a city or incorporated town? Yes # 0 No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Indep. Sanitarium.		STREET ADDRESS (If rural, give location) 617 West Maple 7005	

3. NAME OF DECEASED (Type or Print) a. (First) HARVEY	b. (Middle) H.	c. (Last) MAVEL.	4. DATE OF DEATH (Month) (Day) (Year) Feb. 9, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 5, 1893	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 0 Days 4	IF UNDER 12 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cafe Operator.	10b. KIND OF BUSINESS OR INDUSTRY Restaurants	11. BIRTHPLACE (City and State or Foreign Country) Lexington, Missouri.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John P. Mavel	13b. MOTHER'S MAIDEN NAME Anna M. Peron	14. NAME OF HUSBAND OR WIFE Roxie Mavel
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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. -----	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Roxie Mavel 617 W. Maple
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Myocardial Infarction		
	ANTECEDENT CAUSES		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Coronary atherosclerosis	
		DUE TO (c) Coronary thrombosis	
	II. OTHER SIGNIFICANT CONDITIONS		
	Conditions contributing to the death but not related to the disease or condition causing death. obesity, Congenital absent left kidney		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) 4201
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July, 1954, to Feb., 1955, that I last saw the deceased alive on Feb. 9, 1955, and that death occurred at 10:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Rubert Mosser MD	23b. ADDRESS 1212 W. Truman Independence, Mo	23c. DATE SIGNED 2-10-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 12, 1955	24c. NAME OF CEMETERY OR CREMATORY Machpelah Cemetery	24d. LOCATION (City, town, or county) (State) Lexington, Missouri.
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DATE REC'D BY LOCAL REG. 2-12-55	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Indep. Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

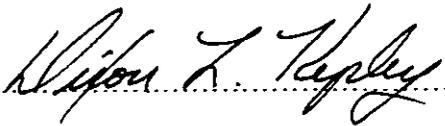
SEP 5 1957

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.....



Licensed Embalmer No. 4225

P. O. Address. Indep. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.