

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27034

State File No. 3122

FILED AUG 29 1956

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY OR TOWN Kansas City		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) 15 yrs		e. STREET ADDRESS (If rural, give location) 20 6614 E. 12th		3208			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hosp.							
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) JOHN		b. (Middle) MAVEL		c. (Last) MAVEL		5. DATE OF DEATH (Month) (Day) (Year) Aug. 3, 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Mar. 5, 1898	
9. AGE (In years last birthday) 58		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Ford Motor Co.		11. BIRTHPLACE (City and State or Foreign Country) France	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Gorantine Mavel		13b. MOTHER'S MAIDEN NAME Catherine Ten		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME Frank Mavel		ADDRESS Lex. Mo.	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				DUE TO (b) Acute coronary occlusion			
				DUE TO (c) Arterial sclerosis			
				II. OTHER SIGNIFICANT CONDITIONS			
				Conditions contributing to the death but not related to the disease or condition causing death.			
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) (Minute)		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 29 July, 1956 to 2 Aug, 1956, that I last saw the deceased alive on 2 Aug, 1956, and that death occurred at 7:00 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) William C. Van Ruskirk M.D.				23b. ADDRESS 1418 Professional Bldg		23c. DATE SIGNED 3 Aug 56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 6, 1956		24c. NAME OF CEMETERY OR CREMATORY Lexington Cen. Lexington Mo		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 8-6-56		REGISTRAR'S SIGNATURE Neva Minshall		2. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Temple Funeral Home Lex. Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
William C. Van Ruskirk, M.D.

DEC 18 1955

1955 F 1000

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Henry A. Mitchell  
Licensed Embalmer No. 392

P. O. Address Andep

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.