

**THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **35152**
4475

FILED OCT 25 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1001</u>	Registrar's No. <u>4475</u>
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		
c. LENGTH OF STAY (In this place) <u>40 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>411 South Bellaire</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>411 South Bellaire</u>		d. STREET ADDRESS (If rural, give location) <u>411 South Bellaire</u>		

3. NAME OF DECEASED (Type or Print) <u>LLOYD</u>		a. (First) <u>E.</u>	b. (Middle) <u>PRECHT</u>	c. (Last) <u>PRECHT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 11 1952</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 14, 1907</u>	9. AGE (In years last birthday) <u>44</u>	10. MONTHS <u>4</u>	11. DAYS <u>11</u>	12. HOURS <u>11</u>	13. MIN. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or until retired) <u>Owner - Lloyd Service Carbonic Co.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Carbonic Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Benton City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>George Precht</u>			13b. MOTHER'S MAIDEN NAME <u>Nannie Lee Stewart</u>		14. NAME OF HUSBAND OR WIFE <u>Wilma E. Precht</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>497-36-7012</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Wilma E. Precht, 411 S. Bellaire</u>				

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Insufficiency</u>		DUE TO (b) <u>Diabetes, Mellitus</u>						<u>30 Minutes</u>	
ANTECEDENT CAUSES		DUE TO (c) _____						<u>9 Months</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		_____						<u>2601</u>	

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) _____		21d. (COUNTY) _____		21e. (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 12-31, 1951, to 10-18, 1952, that I last saw the deceased alive on 10-18, 1952, and that death occurred at 9:30A m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. Marous Heller</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>416 Broadway Bldg</u>		23c. DATE SIGNED <u>10-13-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 14, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mc Washington Cemetery</u>	
24d. LOCATION (City, town, or county) <u>Kansas City</u>		24e. (State) <u>Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>S. H. Newcomer</u>	
DATE RECD BY LOCAL REG. <u>10-14-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		ADDRESS <u>1331. BROADWAY CREEK</u>	

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 Albert L. Savage

Licensed Embalmer No. 4842

P. O. Address Kansas City, 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.