

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022952

State File No.

No. 300

10-48

FILED JUN 24 1958

REG. DIST. NO. 4448

PRIMARY REG. DIST. NO. 6024

Registrar's No. 60

1. PLACE OF DEATH

a. COUNTY Ray
b. CITY (If outside corporate limits, write RURAL and give township) Lawson
c. LENGTH OF STAY (In this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION St. not named

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri b. COUNTY Ray
c. CITY OR TOWN Lawson d. Is Residence within limits of a city or incorporated town? Yes No
STREET ADDRESS (If rural, give location) St. not named

3. NAME OF DECEASED (Type or Print)

a. (First) JUANITA b. (Middle) MONROE c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) June 10 1958

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH

Jan. 25 1897

9. AGE (In years last birthday) 61

IF UNDER 1 YEAR Months 4 Days 20

IF UNDER 4 HRS. Hours 0 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk in drug store

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Lawson Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME

Grant Wyatt

13b. MOTHER'S MAIDEN NAME

Gura Spears

14. NAME OF HUSBAND OR WIFE

Jack Monroe Lawson Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. 486-07-0223

17. INFORMANT'S SIGNATURE OR NAME Jack Monroe Lawson Mo

ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Atherosclerotic Myocarditis

INTERVAL BETWEEN ONSET AND DEATH 2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Diabetes

(c) Cardiomyopathy

30 yrs

DUE TO (c)

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? Y
YES NO

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)

Lawson Ray Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, to June 10, 1958, that I last saw the deceased alive on June 10, 1958, and that death occurred at 10 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Detlev Buehner M.D.

23b. ADDRESS Lawson Mo.

23c. DATE SIGNED 6/11/58

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE June 12 '58

24c. NAME OF CEMETERY OR CREMATORY Lawson Cemetery

24d. LOCATION (City, town, or county) (State) Lawson Mo

DATE REC'D BY LOCAL REG. 6-18-1958

REGISTRAR'S SIGNATURE Malcol Jackson

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jarman Funeral Home Lawson Mo

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

690. 81 333

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 *Lindell Jarman*

Licensed Embalmer No. *4589*
P. O. Address *Excelsior Springs 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.