

No. 2
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5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13142
Registrar's No. 260A

FILED APR 23 1947
128
Registration District No. 128

Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community 4 Years

3. (a) PRINT FULL NAME DRUCELLA JUNE LAWSON

3. (b) If veteran, name war none

3. (c) Social Security No.

4. Sex female / 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (c) Age of husband or wife if alive years

7. Birth date of deceased September 21, 1929
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

17 5 29 hr. min.

9. Birthplace Udall, MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business Guy Lawson

12. Name Guy Lawson

13. Birthplace Lebanon, MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name Bertina Dean

15. Birthplace Dapp, MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Guy Lawson

(b) Address 806 N. Campbell, Springfield, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 22, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation East Lawn

18. (a) Signature of funeral director Fred G. Thieme

(b) Address Springfield, MO.

19. (a) 3-22-47 (Date received by registrar) (b) W. E. Handley MD (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 806 N. Campbell Ave.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th
year 1947 hour 12:20 A.M. minute M.

21. I hereby certify that I attended the deceased from March 19, 1947 to March 19, 1947
that I last saw her alive on March 19, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus
Diabetic Coma

Duration 2 yrs
6 mo

Due to

Due to

Other conditions Lobar Pneumonia (Bilateral) 2 days
(Include pregnancy within 3 months of death)

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)

(e) Means of injury

23. Signature B. Lyde Blalock (M. D. or other)

Address 214 E. Walnut Date signed 3/22/47

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Ralph K. Thirum*.....
Licensed Embalmer No. 3681.....
P. O. Address..... Springfield, 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.