

FILED APR 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11750

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 10615

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

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott 100</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u> c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Chaffee</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>213 Block Ave</u>	
3. NAME OF DECEASED a. (First) <u>Amy</u> b. (Middle) <u>Alfred</u> c. (Last) <u>Lawler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 9, 1949</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>Oct 17, 1874</u>
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>R.R. Shops</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Apprentice Instructor</u>	11. BIRTHPLACE (State or foreign country) <u>Vandalia Ill</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>William Hawley</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Cunningham</u>	
		14. NAME OF HUSBAND OR WIFE <u>Margaret E Lawler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>	
		17. INFORMANT'S SIGNATURE OR NAME <u>Margaret E Lawler</u> ADDRESS <u>Chaffee Mo</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pluritis - Myocarditis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>11</u>	
		INTERVAL BETWEEN ONSET AND DEATH <u>40 days 1 month</u> <u>4222</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT or 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) (Min)		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 <u>Apr 7, 1949</u> to <u>Apr 9, 1949</u> , that I last saw the deceased alive on <u>Apr 9, 1949</u> , and that death occurred at <u>11 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W.O. Jones, M.D.</u> (Degree or title)		23b. ADDRESS <u>Chaffee Mo</u>	
23c. DATE SIGNED <u>4/11/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 11, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Union Park</u>		24d. LOCATION (City, town, or county) (State) <u>Chaffee Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-20-49</u>		REGISTRAR'S SIGNATURE <u>W.O. Jones</u> ADDRESS <u>Chaffee Mo</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W.O. Jones</u>		ADDRESS <u>Chaffee Mo</u>	

RECEIVED

Health Officer No. 4

File Number 449-55

4-25-49

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.

Signed

Jack J. Burnett

Signed.....

Student Embalmer

Licensed Embalmer No. 4472

P. O. Address Chaffee, 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.