

FILED JUL 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19056

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 3377 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>DeKalb (Grant Twp.)</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>DeKalb</u>	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>Maysville (Rural)</u>)	c. LENGTH OF STAY (In this place) <u>1 yr</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Amity</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION.		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>SAMUEL</u>	b. (Middle) <u>CLAYTON</u>	c. (Last) <u>LAWHEAD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 30 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 31 1861</u>	9. AGE (in years last birthday) <u>88</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Wilmington Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>John Lawhead</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Coffman</u>	14. NAME OF HUSBAND OR WIFE <u>Bernice Lawhead</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harvey Lawhead</u> ADDRESS <u>Maysville Mo R F D</u>
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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>Senility</u>		
	ANTECEDENT CAUSES DUE TO (b) _____ 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? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Sept. 1944 to June 30, 1949, that I last saw the deceased alive on June 30, 1949, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

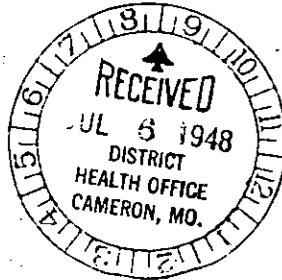
23a. SIGNATURE <u>Dr. Gerald Fowler</u> (Degree or title)	23b. ADDRESS <u>Maysville Missouri</u>	23c. DATE SIGNED <u>7-1-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 2 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Amity Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Amity Mo</u>
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DATE REC'D BY LOCAL REG. <u>7-1-49</u>	REGISTRAR'S SIGNATURE <u>Roscoe D. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>PILCHER FUNERAL HOME</u> ADDRESS <u>MAYSVILLE MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

Neal R. Dawson

Student Embalmer No. **484**

working under my personal supervision.

Student Neal R. Dawson
Student Embalmer

Signed [Signature]

Licensed Embalmer No. **3960**

P. O. Address **Maysville 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.