

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26948  
3111

State File No. ....

BIRTH NO. 42071-49 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Miami</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wasson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osawatomie</u>	
c. LENGTH OF STAY (in this place) <u>13 days</u>		d. STREET ADDRESS (If rural, give location) <u>X + 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Steven</u> b. (Middle) <u>James</u> c. (Last) <u>Law</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 18, 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>Single</u>	8. DATE OF BIRTH <u>July 5, 1949</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <u>13</u> Days <u>14</u> Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Kansas City, Mo.</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Gerald Leon Law</u>	13b. MOTHER'S MAIDEN NAME <u>Bernice Irene Medlar</u>	14. NAME OF HUSBAND OR WIFE
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Gerald Leon Law</u> ADDRESS <u>1516 Main Osawatomie, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septicemia</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>No.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple Abscesses Liver</u> DUE TO (c) <u>Birth Canal Infection (Hemolytic Strep.)</u>		
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 <u>1011</u>	20. AUTOPSY? YES <input checked="" 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) (Min.)	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 July 5, 1949, to July 18, 1949, that I last saw the deceased alive on July 18, 1949, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Russell W. Kerr M.D.</u> (Degree or title)	23b. ADDRESS <u>St. Joseph Hospital 1516 Main St. Osawatomie, Mo.</u>	23c. DATE SIGNED <u>July 18, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>July 18, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Osawatomie Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Osawatomie, Kan.</u>
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DATE REC'D BY LOCAL REG. <u>7-18-49</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmedal</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>William W. Birnbaum</u> ADDRESS <u>703 Main St. Osawatomie, Mo.</u>
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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 <sup>not</sup> embalmed by me, or by \_\_\_\_\_

working under my personal supervision. July 18, 1949 Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Chester L. Law .....

Licensed Embalmer No. 2330 .....

P. O. Address Oswatimie, Kans .....

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.