

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

41503

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>160</u>	PRIMARY REG. DIST. NO. <u>3029</u>	Registrar's No. <u>73</u>
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission).		
a. COUNTY Jefferson		a. STATE <i>Arkansas</i>		
b. CITY (If outside corporate limits, write RURAL and give township) Crystal City		b. COUNTY <i>Howard</i>		
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <i>Nashville</i>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1</i>		d. STREET ADDRESS (If rural, give location) <i>318 Jeffrey Street</i>		
3. NAME OF DECEASED			4. DATE OF DEATH	
a. (First) Katherine			(Month) (Day) (Year)	
b. (Middle) Darrah			Nov. 10, 1949	
c. (Last) Lawson				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 14, 1858	9. AGE (In years last birthday) 90/11/26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) West Ely, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James Darrah		13b. MOTHER'S MAIDEN NAME Mary McCutcheon		14. NAME OF HUSBAND OR WIFE Michael Lawson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Rev. W. O. Davis, Crystal City Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		
<p><i>*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></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		
		ANTECEDENT CAUSES		
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p align="right">DUE TO (b) _____</p> <p align="right">DUE TO (c) _____</p>		
		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 checked="" type="checkbox"/>
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)
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?
22. I hereby certify that I attended the deceased from <i>Nov 1st 1949</i> to <i>Nov 10</i>, 1949, that I last saw the deceased alive on <i>Nov 10</i>, 1949, and that death occurred at <i>11:30</i> p.m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <i>James H. ...</i>		23b. ADDRESS <i>Crystal City Mo</i>		23c. DATE SIGNED <i>11/10/49</i>
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/13, 1949		24c. NAME OF CEMETERY OR CRMATORY Baptist
24d. LOCATION (City, town, or county) (State) Nashville Ark. (Howard Co.)		25. FUNERAL DIRECTOR'S SIGNATURE <i>H. W. ...</i>		
DATE REC'D BY LOCAL REG. <i>Nov 25, 1949</i>		REGISTRAR'S SIGNATURE <i>Clara Bellamy</i>		ADDRESS <i>Festus Mo</i>

(Licensed Embalmer's Statement on Reverse Side)

50

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

JAN 17 1958

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 1-10-58

FEB 17 1958

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 *W. W. Myland*

Signed _____
Student Embalmer

Licensed Embalmer No. 3010

P. O. Address Jessie 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.