FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22690

State File No.

BIRTH NO. REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4024 Registrar's No. 52

1. PLACE OF DEATH
a. COUNTY Barry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cassville
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY Barry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cassville
d. STREET ADDRESS (If rural, give location)

0050

3. NAME OF DECEASED (Type or Print) a. (First) Sarah b. (Middle) A. c. (Last) Lawson

4. DATE OF DEATH (Month) (Day) (Year) 7-8-1950

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH 2-7-1883
9. AGE (In years last birthday) 67 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) housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Arkansas
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Washington Roller
13b. MOTHER'S MAIDEN NAME Eliza Rogers
14. NAME OF HUSBAND OR WIFE Matthew Lawson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ray Lawson-Cassville, Missouri

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH 1 wk.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Generalized arteriosclerosis

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 ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1950, to July, 1950, that I last saw the deceased alive on July 8, 1950, and that death occurred at 6:30 P m., from the causes and on the date stated above.

23a. SIGNATURE Mary Marthurt, (Degree or title) O.M.D.
23b. ADDRESS Cassville, Mo.
23c. DATE SIGNED 7-16-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-12-1950
24c. NAME OF CEMETERY OR CREMATORY Roller Cemetery
24d. LOCATION (City, town, or county) (State) Gateway, Arkansas

DATE REC'D BY LOCAL REG. July 17-1950
REGISTRAR'S SIGNATURE Grace Williams
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Glen D. Williams Cassville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
. 10.48

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JUL 25 1950

Dist. File 750-865

Date Filed 7-28-50

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.

Student .....
Student Embalmer

Signed Glen D Williams

Licensed Embalmer No. 4651

P. O. Address Cassville 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.