

FILED SEP 27 1950

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_ Registrar's No. 62

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4322

1. PLACE OF DEATH a. COUNTY <b>Mercer</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Mercer</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Princeton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Princeton</b>	
c. LENGTH OF STAY (In this place) <b>life</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <b>Clarence</b> b. (Middle) <b>J.</b> c. (Last) <b>Laws</b>			4. DATE OF DEATH (Month) <b>8</b> (Day) <b>30</b> (Year) <b>50</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>7-17-1887</b>	9. AGE (In years last birthday) <b>63</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Doctor</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Mercer Co., Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				

13a. FATHER'S NAME <b>Noah Laws</b>	13b. MOTHER'S MAIDEN NAME <b>Belle Shook</b>	14. NAME OF HUSBAND OR WIFE <b>Bessie Laws</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>I</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Bessie Laws Princeton, Mo</b>

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, asphyxia, 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>Coronary Occlusion</u>		<u>Instant Death</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary sclerosis</u>		<u>5 years</u>
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 checked="" 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)
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 Jan 1950, to Aug 30, 1950, that I last saw the deceased alive on Aug 30, 1950, and that death occurred at 2:20 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Maureen Lambert M.D.</u> (Degree or title)	23b. ADDRESS <u>Princeton, Mo</u>	23c. DATE SIGNED <u>9/1/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>	24b. DATE <u>9-1-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Princeton</u>	24d. LOCATION (City, town, or county) (State) <u>Mercer Co., Mo</u>
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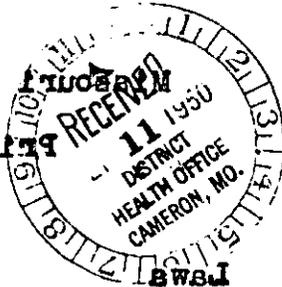
DATE REC'D BY LOCAL REG. <u>9-7-50</u>	REGISTRAR'S SIGNATURE <u>m. j. Rutz Dept 399</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Noel Moss</u> ADDRESS <u>Princeton, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

650

Mercer

Princeton



Mercer

Princeton

life

8-20-50

Laws

1.

Clarence

63

7-17-1887

married

white

male

USA

Mercer Co., Mo.

Doctor

Beasie Laws

Belle Shock

Noel Laws

Mrs Beasie Laws Princeton, Mo

no

1

OCT 13 1950

OCT 10 1950

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 me

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed

Neil Moss

Licensed Embalmer No. 2634

P. O. Address Princeton, 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.

Noel Moss Princeton, Mo

9-1-50

Princeton