

850

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5984 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY <b>PULASKI MO.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>PULASKI</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Richland Rural</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Richland Rural</b>	
c. LENGTH OF STAY (in this place) <b>2-0</b>		d. STREET ADDRESS (If rural, give location) <b>Liberty Township</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Liberty Ins.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>10 24-1950</b>	
3. NAME OF DECEASED (Type or Print) <b>MARY</b>		a. (First) <b>ETHEL</b> b. (Middle) <b>LAWSON</b> c. (Last)	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Apr 1st 1876</b>	
9. AGE (In years) (Month) (Day) (Year) <b>74</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	
11. BIRTHPLACE (State or foreign country) <b>Haygreen Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Namuel Bowling</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN Ballard</b>	
14. NAME OF HUSBAND OR WIFE <b>Lon Lawson</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lon Lawson</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>hypertensive Cardiovascular Disease -</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chromi</b> DUE TO (c) <b>Congestive Failure</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>9+3X</b>	
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) (Min.)		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 <b>23 Oct</b> , 19 <b>50</b> , to <b>24 Oct</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>23 Oct</b> , 19 <b>50</b> , and that death occurred at <b>3:00 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Toy A. Ford</b>		23b. ADDRESS <b>Richland Mo</b>	
23c. DATE SIGNED <b>26 Oct 50</b>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <b>10-26-1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Haygreen</b>	
24d. LOCATION (City, town, or county) (State) <b>Haygreen Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Helma C. Buchthorpe</b>	
DATE REC'D BY LOCAL REG. <b>10/30/50</b>		REGISTRAR'S SIGNATURE <b>Helma C. Buchthorpe</b>	
25. FUNERAL DIRECTOR'S ADDRESS <b>122 Apple Richland</b>			

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

RECEIVED 10/30/50  
Pulaski County Health Officer  
File Number  
Date Filed 10/29/50

DEC 6 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 \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

Student \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_  
Licensed Embalmer No. 3198  
P. O. Address Highland

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.