

No. 300
10.48

FILED DEC 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36614**

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186 Registrar's No. 50

1. PLACE OF DEATH
a. COUNTY **Franklin**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Oregon** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Sullivan**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Bend**

d. FULL NAME OF HOSPITAL OR INSTITUTION **North Side Hospital, Sullivan, Mo.**

d. STREET ADDRESS (If rural, give location) **1223 Cumberland**

3. NAME OF DECEASED
a. (First) **Ocie** b. (Middle) **Bryan** c. (Last) **Lawson**

4. DATE OF DEATH (Month) (Day) (Year) **11-25-1950**

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **April 4, 1897**

9. AGE (In years last birthday) **53**

IF UNDER 1 YEAR Months **7** Days **21** IF UNDER 11 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Maid**

10b. KIND OF BUSINESS OR INDUSTRY **Hotel**

11. BIRTHPLACE (State or foreign country) **Rector, Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Joseph Akers**

13b. MOTHER'S MAIDEN NAME **Emily Springer**

14. NAME OF HUSBAND OR WIFE **Deceased**

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. **489-18-4218**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Roy Weese, Timber, Mo.**

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, asthma, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Compound Fractured Skull**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Fractured Neck**
DUE TO (c) **Body Lacerations & Bruises**

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
1 1/2 to 1 hour

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Accident**

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) **Hy 66, Hy-H Inter.**

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **Sullivan, Franklin Missouri**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **11 25 50 1:00**

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **Auto Accident**

22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 19, and that death occurred at **1:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Phos. P. Shaffer** (Degree or title) **Coroner**

23b. ADDRESS **65 N. Clark, Sullivan, Mo.**

23c. DATE SIGNED **11-25-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **11-27-1950**

24c. NAME OF CEMETERY OR CREMATORY **Eminence**

24d. LOCATION (City, town, or county) (State) **Eminence, Missouri**

DATE REC'D BY LOCAL REG. **11-27-1950**

REGISTRAR'S SIGNATURE **[Signature]**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **[Signature] Sullivan, Mo.**

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

NOV 28 1950

RECEIVED

MAR 21 1951

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 _____

Allen C. McSpadden

Signed _____
Student Embalmer

Licensed Embalmer No. 4543

P. O. Address Salina, 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.