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

BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>4234</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Iron</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ste Genevieve</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Ironton</u>		c. LENGTH OF STAY (in this place) <u>3Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		0950	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clyde</u>		b. (Middle) <u>Kennett</u>		c. (Last) <u>Laws</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 29 1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 16/1872</u>	
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR <u>6</u> Months <u>13</u> Days		IF UNDER 1 HR. <u>13</u> Hours		IF UNDER 1 MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Ste Genevieve County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joel Laws</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Cunningham</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Fredie Laws Farmington, Mo</u> ADDRESS _____			
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) <u>acute bilateral bronchial pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>far advanced atherosclerosis</u> DUE TO (c) <u>myocarditis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>hypertension</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>?</u> <u>?</u> <u>5 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>4221</u> 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 <u>3-26</u> , 19 <u>51</u> , to <u>3-29</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3-29</u> , 19 <u>51</u> , and that death occurred at <u>3:35 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. E. Farland</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Ironton, Missouri</u>		23c. DATE SIGNED <u>3-30-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/31/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>Farmington Mo</u>	
DATE REC'D BY LOCAL REG. <u>April 2, 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u> <u>128</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cozcan Funeral Home Farmington, mo</u> ADDRESS _____			

APR 17 1951

RECEIVED

APR 9 1951

DISTRICT HEALTH OFFICE No. 6

File No. ....

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

working under my personal supervision.

Student Embalmer No. ....

Signed C. R. Howell

Signed.....  
Student Embalmer

Licensed Embalmer No. 3670

P. O. Address Centon, Md

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.