

FILED JUL 18 1951 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

24202

State File No. ....

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6073 Registrar's No. 230

|                                                                                                                                     |                                   |                                                                                                                                                  |                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>ST. FRANCOIS</u>                                                                                  |                                   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u> |                                                                         |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL FERRY TWP.</u>                                | c. LENGTH OF STAY (in this place) | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL BIG RIVER TWP.</u>                                         | d. STREET ADDRESS (If rural, give location) <u>R-1 BONNE TERRE 0940</u> |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>R-1 BONNE TERRE</u> |                                   |                                                                                                                                                  |                                                                         |

|                                                               |                       |                         |                                                             |
|---------------------------------------------------------------|-----------------------|-------------------------|-------------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>MARY</u> | b. (Middle) <u>F.</u> | c. (Last) <u>LAWSON</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>JULY 6 1951</u> |
|---------------------------------------------------------------|-----------------------|-------------------------|-------------------------------------------------------------|

|                      |                               |                                                                       |                                       |                                             |                                                  |                                                  |
|----------------------|-------------------------------|-----------------------------------------------------------------------|---------------------------------------|---------------------------------------------|--------------------------------------------------|--------------------------------------------------|
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>APRIL 2, 1877</u> | 9. AGE (in years) (last birthday) <u>74</u> | IF UNDER 1 YEAR<br>Months <u>3</u> Days <u>4</u> | IF UNDER 24 HRS.<br>Hours <u>3</u> Min. <u>4</u> |
|----------------------|-------------------------------|-----------------------------------------------------------------------|---------------------------------------|---------------------------------------------|--------------------------------------------------|--------------------------------------------------|

|                                                                                                               |                                            |                                                                       |                                              |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u> | 11. BIRTHPLACE (State or foreign country) <u>ST. FRANCOIS Co. Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------|

|                                        |                                             |                                                 |
|----------------------------------------|---------------------------------------------|-------------------------------------------------|
| 13a. FATHER'S NAME <u>DAVID EASTER</u> | 13b. MOTHER'S MAIDEN NAME <u>MARY MOORE</u> | 14. NAME OF HUSBAND OR WIFE <u>LEWIS LAWSON</u> |
|----------------------------------------|---------------------------------------------|-------------------------------------------------|

|                                                                                                                        |                                  |                                                                                |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO NONE</u> | 16. SOCIAL SECURITY NO. <u>✓</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HARVEY LAWSON BONNE TERRE Mo.</u> |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                 |                                                                                                                                                         |  |                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>                                                                       |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>Instantly</u> |
|                                                                                                                                                                                                                                 | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Hypertension</u> |  |                                                      |
|                                                                                                                                                                                                                                 | DUE TO (c)                                                                                                                                              |  |                                                      |
| II. OTHER SIGNIFICANT CONDITIONS<br>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"/> |
|------------------------|----------------------------------|----------------------------------------------------------------------------------|

|                                          |                                                                                          |                                                 |
|------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------|
| 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 7-6-, 1951, to 7-6-, 1951, that I last saw the deceased alive on 7-6-, 1951, and that death occurred at 10:40 P.M., from the causes and on the date stated above.

|                                                          |                                     |                                 |
|----------------------------------------------------------|-------------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>A. J. Evans M.D.</u> | 23b. ADDRESS <u>Bonne Terre Mo.</u> | 23c. DATE SIGNED <u>7-10-51</u> |
|----------------------------------------------------------|-------------------------------------|---------------------------------|

|                                                         |                               |                                                          |                                                                          |
|---------------------------------------------------------|-------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>JULY 8, 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>ADAMS CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>R-1 BONNE TERRE Mo.</u> |
|---------------------------------------------------------|-------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------|

|                                               |                                             |                                            |                                |
|-----------------------------------------------|---------------------------------------------|--------------------------------------------|--------------------------------|
| DATE REC'D BY LOCAL REG. <u>JULY 13, 1951</u> | REGISTRAR'S SIGNATURE <u>Gather Rudolph</u> | FUNERAL DIRECTOR'S SIGNATURE <u>Denham</u> | ADDRESS <u>6 Bonnetown Mo.</u> |
|-----------------------------------------------|---------------------------------------------|--------------------------------------------|--------------------------------|

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

940  
1

RECEIVED

JUL 14 1951

DISTRICT HEALTH OFFICE No. 4

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Clarence J. Claywell*

Licensed Embalmer No. *3706*

P. O. Address *Boone Gene 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.