

No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41425

State File No.

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>Nowell</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains Mo</u>		c. LENGTH OF STAY (If this place) <u>3 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Bakersfield Mo</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christa Hagan Hosp</u>			d. STREET ADDRESS (If rural, give location) <u>R 2 D 3770</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mattie</u> (Middle) <u>May</u> c. (Last) <u>Lawford</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-14-51</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>4/30-1914</u>	9. AGE (In years last birthday) <u>37</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>14</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <u>Gamaliel, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	

13a. FATHER'S NAME <u>Robt Sweet</u>		13b. MOTHER'S MAIDEN NAME <u>Lynn Ramsey</u>		14. NAME OF HUSBAND OR WIFE <u>Austin Lawford</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>A. Crawford</u> ADDRESS <u>Bakersfield Mo</u>	

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			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____			<u>Chronic myocarditis</u>			<u>3 yrs</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____			DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>Chronic nephritis</u>			<u>3 yrs</u>		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4222</u>	

22. I hereby certify that I attended the deceased from 12-13 1951, to 12-13, 1951, that I last saw the deceased alive on 12-13 1951, and that death occurred at 12:00 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Callahan M.D.</u> (Degree or title)		23b. ADDRESS <u>West Plains, Mo</u>		23c. DATE SIGNED <u>12/21/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>12/17/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bakersfield</u>	24d. LOCATION (City, town, or county) (State) <u>Bakersfield Mo</u>		
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DATE REC'D BY LOCAL REG. <u>1-5-52</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	379-01	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson</u> ADDRESS <u>West Plains Mo</u>		
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(Licensed Embalmer's Statement on Reverse Side)

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

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

J. A. Roberts

Licensed Embalmer No. *3437*

P. O. Address *Westham*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.