V.S. No. 300
REV. 10.46

FILED FEB 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44327

State File No.

BIRTH NO. REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 45XX Registrar's No. 12

1100

1. PLACE OF DEATH
a. COUNTY ~~Wright~~ Webster
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nianguia
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Nianguia Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Wright
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Elk Creek Twp. 1140
d. STREET ADDRESS (If rural, give location) 12 Miles North Hartville Mo

3. NAME OF DECEASED (Type or Print)
a. (First) Dollie
b. (Middle)
c. (Last) Lawler

4. DATE OF DEATH (Month) 9 (Day) 5 (Year) 1951

5. SEX F
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 9-19-1884
9. AGE (In years last birthday) 66 — IF UNDER 1 YEAR: Months 11 Days 16 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Wright County, Mo
12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Dewey Austin
13b. MOTHER'S MAIDEN NAME Lucy Dorris
14. NAME OF HUSBAND OR WIFE C. A. Lawler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME C. A. Lawler
ADDRESS Hartville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Gall Bladder

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 155X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-1-51, 1951, *to* 9-5, 1951, *that I last saw the deceased alive on* ——, 19——, *and that death occurred at* 9:00P m., *from the causes and on the date stated above.*

23a. SIGNATURE W. F. Schlicht (Degree or title) MD
23b. ADDRESS Niangua Mo
23c. DATE SIGNED 1-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9-8-1951
24c. NAME OF CEMETERY OR CREMATORY New Home
24d. LOCATION (City, town, or county) Wright County, Mo (State)

DATE REC'D BY LOCAL REG. 2/11/52
REGISTRAR'S SIGNATURE J. Francis 392
25. FUNERAL DIRECTOR'S SIGNATURE Gene E. Holden
ADDRESS Hartville Mo

(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 Gene E. Waldron

Licensed Embalmer No. 3865

P. O. Address Hartville, 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.