

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21132**

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5704 Registrar's No. 83

590
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Bryan

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wheeling twp.		c. LENGTH OF STAY (in this place) 65 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD 1, Wheeling, Mo.		d. STREET ADDRESS (If rural, give location) RFD 1, Wheeling, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) MARGARET c. (Last) LAWLER			4. DATE OF DEATH (Month) (Day) (Year) May 31, 1952		
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5. SEX Fem.		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Mar. 9, 1861		9. AGE (In years last birthday) 91		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Lawrence Kinsella		13b. MOTHER'S MAIDEN NAME Bridget Dooley		14. NAME OF HUSBAND OR WIFE James Lawler	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Leonard Lawler, Wheeling, Mo.		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of Femur		DUE TO (b) _____				3 mon.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				E9030 20	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Wheeling township Livingston, Mo.	
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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? All on the floor	
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22. I hereby certify that I attended the deceased from Apr. 2, 1952, to May 31, 1952, that I last saw the deceased alive on May 31, 1952, and that death occurred at 2 A. m., from the causes and on the date stated above.

23a. SIGNATURE Dr. Bryan (Degree or title)		23b. ADDRESS Wheeling, Mo.		23c. DATE SIGNED 6-1-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 2, 1952		24c. NAME OF CEMETERY OR CREMATORY Leopolis cemetery		24d. LOCATION (City, town, or county) (State) Livingston Co., Mo.	
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DATE REC'D BY LOCAL REG. 6-1-52		REGISTRAR'S SIGNATURE Francis B. Neill		25. FUNERAL DIRECTOR'S SIGNATURE Ronald Gordon - Chillicothe, Mo.		ADDRESS	
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25610 T 1m

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 Ronald Jordan

Licensed Embalmer No. 4191

P. O. Address Chillicothe, 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.