No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 2 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28802

BIRTH NO. _____ REG. DIST. NO. 223 PRIMARY REG. DIST. NO. 5795 Registrar's No. 47

1. PLACE OF DEATH
a. COUNTY: Moniteau Co
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Piolat Grove
c. LENGTH OF STAY (In this place): 26 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt # L. California, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Moniteau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Piolat Grove
d. STREET ADDRESS (If rural, give location): Rt # 1. California, Mo

3. NAME OF DECEASED (Type or Print)
a. (First): Amanda
b. (Middle): Jane
c. (Last): Lawson

4. DATE OF DEATH (Month) (Day) (Year): aug 22 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept 13. 1859
9. AGE (In years last birthday): 93 — If under 1 year: Months 11, Days 9 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and State or Foreign Country): Indiana
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Huston Cantwell
13b. MOTHER'S MAIDEN NAME: UnKnown
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs Emmitt Phillips
ADDRESS: Calif, 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) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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.): Rural Pilot Grove Moniteau Mo
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) a.m. p.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* Aug 17, 1947, *to* Aug. 22, 1952, *that I last saw the deceased alive on* Aug. 21, 1952, *and that death occurred at* 7:50 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] M.D.
(Degree or title)
23b. ADDRESS: California, Mo
23c. DATE SIGNED: 8/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/25/52
24c. NAME OF CEMETERY OR CREMATORY: City Cemetery
24d. LOCATION (City, town, or county) (State): California, Mo

DATE REC'D BY LOCAL REG.: 8/25/52
REGISTRAR'S SIGNATURE: Mrs. F.W. Scott Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: Earl Boulin
ADDRESS: California Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Earl Franklin

Licensed Embalmer No. 2126

P. O. Address California

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.