

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27390**

FILED AUG 10 1953

BIRTH NO.		REG. DIST. NO. 324	PRIMARY REG. DIST. NO. 6082	Registrar's No. 156
1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Arrow Rock Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Arrow Rock Twp.		
c. LENGTH OF STAY (in this place) 52 years		d. STREET ADDRESS (If rural, give location) 8 miles East Marshall		
d. FULL NAME OF HOSPITAL OR INSTITUTION 8 miles east Marshall		4. DATE OF DEATH (Month) (Day) (Year) Aug. 2nd, 1953.		
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) McMahan		c. (Last) Lawless
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 30th, 1880	9. AGE (In years) (last birthday) 73 Months 1 Days 2 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 (State or foreign country) Saline County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Wm. H. C. McMahan		13b. MOTHER'S MAIDEN NAME Martha Hawpe		14. NAME OF HUSBAND OR WIFE Dr. C. L. Lawless
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 Dr. C. L. Lawless, Marshall, Mo. Rm No. 4.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemiplegia ANTECEDENT CAUSES Hypertension 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 1 1/2 yrs ?
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: 352x			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from May 1952 to Aug 1953 , that I last saw the deceased alive on May 1953 and that death occurred at 8:05 PM m., from the causes and on the date stated above.				
23a. SIGNATURE Robert H. Hayes M.D.		23b. ADDRESS Marshall, Mo.		23c. DATE SIGNED 8/3/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 5, 1953	24c. NAME OF CEMETERY OR CREMATORY Ridge Park cemetery	24d. LOCATION (City, town, or county) (State) Marshall, Missouri	
DATE REC'D BY LOCAL REG. Aug 4, 1953	REGISTRAR'S SIGNATURE Sidney J. Gray	FUNERAL DIRECTOR'S SIGNATURE Campbell-Lewis	ADDRESS Marshall, Mo.	

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

(Licensing 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 James H. Lewis
Licensed Embalmer No. 4709
P. O. Address Marshall, 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.