

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10870

State File No.

BIRTH NO. **FILED APR 14 1954** REG. DIST. NO. **9231** PRIMARY REG. DIST. NO. **4476** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY Schuyler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Schuyler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Downing	c. LENGTH OF STAY (in this place) 10 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Downing	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 980	

3. NAME OF DECEASED (Type or Print) a. (First) Amanda b. (Middle) Elizabeth c. (Last) Laws			4. DATE OF DEATH (Month) (Day) (Year) April 5, 1954		
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 28, 1866	9. AGE (In years) (Last birthday) 87	10. IF UNDER 1 YEAR Days 9
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) Scotland Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Isaac Depew	13b. MOTHER'S MAIDEN NAME Theresa Martin	14. NAME OF HUSBAND OR WIFE Frank Laws
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Alice Snyder Downing, Mo. ADDRESS

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) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Age Only rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		331 X	

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION No Operation	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	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) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR None

22. I hereby certify that I attended the deceased from **March 31, 1954** to **April 3, 1954**, that I last saw the deceased alive on **April 3, 1954**, and that death occurred at **8 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. E. Gering M.D.	23b. ADDRESS Downing Mo.	23c. DATE SIGNED 4-5-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 8, 1954	24c. NAME OF CEMETERY OR CREMATORY Coffey Cemetery
24d. LOCATION (City, town, or county) (State) Downing, Mo.	25. FUNERAL DIRECTOR'S SIGNATURE Moore Funeral Home ADDRESS Downing, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48
980

APR 19 1950

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 Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis 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.