

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16576**

0591

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

BIRTH NO. _____		REG. DIST. NO. 167		PRIMARY REG. DIST. NO. 3040		Registrar's No. 108	
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 Chillicothe		c. LENGTH OF STAY (In this place) 21 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		d. STREET ADDRESS (If rural, give location) 339 Wilson Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 339 Wilson Street				339 Wilson Street			
3. NAME OF DECEASED (Type or Print) a. (First) Pleasant b. (Middle) K c. (Last) Lawhon			4. DATE OF DEATH (Month) (Day) (Year) May 13, 1954				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 31, 1954		9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Lacrosse, Arkansas		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Cass Lawhon		13b. MOTHER'S MAIDEN NAME Loucinda Hodge		14. NAME OF HUSBAND OR WIFE Mary Almeda Cleary			
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 ADDRESS Dee Lawhon; Chillicothe, Missouri			
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) Cerebral thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chr Myocarditis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH 4 hrs.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from May 1951 , to May 13, 1954 , that I last saw the deceased alive on May 13, 1954 , and that death occurred at 6:10 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Wm Powell, M.D.				23b. ADDRESS Chillicothe Mo		23c. DATE SIGNED 5/14/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-15-54	24c. NAME OF CEMETERY OR CREMATORY Wheeling		24d. LOCATION (City, town, or county) (State) Wheeling, Missouri		
DATE REC'D BY LOCAL REG. 5-14-54		REGISTRAR'S SIGNATURE Francis B. Neier		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norman Funeral Home; Chillicothe, Mo.			

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 Edward L. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri

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.