

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29740

State File No. ....

FILED SEP 23 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Monett</u>		c. LENGTH OF STAY (If this place) <u>1 day</u>	c. CITY OR TOWN <u>Pierson City</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Vincent's</u>		e. STREET ADDRESS (If rural, give location) <u>1 mile west of Pierson City</u>	
3. NAME OF DECEASED a. (First) <u>WILLIAM</u> b. (Middle) <u>VERNON</u> c. (Last) <u>HAW</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 13, 1954</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2-20-1872</u>
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Pierson City Mo</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY <u>U. S. A</u>
13a. FATHER'S NAME <u>Michel Haw</u>		13b. MOTHER'S MAIDEN NAME <u>Adeline Gustus</u>	13c. NAME OF HUSBAND OR WIFE <u>Margaret Haw</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Haw</u> ADDRESS <u>Pierson City Mo</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic nephritis</u>  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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>592X</u>	
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)	
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 <u>5-10</u> 19 <u>53</u> , to <u>9-13-54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>9-13</u> , 19 <u>54</u> , and that death occurred at <u>7:30 A.M.</u> , from the cause and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Frank Burr MD</u>		23b. ADDRESS <u>Monett Mo</u>	
23c. DATE SIGNED <u>9-15-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 15, 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Patricks Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pierson City Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-15-54</u>		REGISTRAR'S SIGNATURE <u>Katherine Anderson</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilks Bros</u>		ADDRESS <u>Pierson City Mo</u>	

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

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 954-103

DATE REC. 9-22-54

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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~~ Edwin P. Wilks, Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Edwin P. Wilks

Licensed Embalmer No. 418

P. O. Address Price City

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.