

STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED NOV 5 - 1954

No. 300  
10.48

BIRTH NO. 71645-54 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 152

0781  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Pennington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Pennington</u>	
-b. CITY OR TOWN <u>Hart</u>		-c. CITY OR TOWN <u>Caruthersville</u>	
c. LENGTH OF STAY (in this place)		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pennington Memorial Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>0782</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DONNA</u> b. (Middle) <u>GAIL</u> c. (Last) <u>LAWLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept-29-1954</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Sept-28-1954</u>	9. AGE (In years last birthday)	10. UNDER 1 YEAR Days <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during normal working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Child</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>HART, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Ronnie L. Lawler</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Harmon</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ronnie Lawler R41 Caruthersville</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Anoxia</u> ANTECEDENT CAUSES <u>Pre-maturity</u> 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	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>776 X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 9/28, 1954, to 9/28, 1954, that I last saw the deceased alive on 9/28, 1954, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Warren R. McCoy, M.D.</u>		23b. ADDRESS <u>Caruthersville, Mo.</u>		23c. DATE SIGNED <u>10/2/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 29 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>#18</u>	
24d. LOCATION (City, town, or county) (State) <u>Pennington Co. MO</u>					

DATE REC'D BY LOCAL REG. <u>10-6-54</u>		REGISTRAR'S SIGNATURE <u>John W. Harmon</u>		406- 25. FUNERAL DIRECTOR'S SIGNATURE <u>La Forge and Co. Caruthersville</u>	
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11-250-57

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE NO.  
CARUTHERSVILLE, MO.

NOV 4 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by ..... Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Ned C. Dixon*

Licensed Embalmer No. *3941*

P. O. Address *Caruthersville*

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.