

FILED JAN 16 1956

STANDARD CERTIFICATE OF DEATH

State File No. **1038**

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>47</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>18 years</u>		c. CITY OR TOWN <u>Springfield</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>719 South Jefferson</u>				e. STREET ADDRESS (If rural, give location) <u>719 South Jefferson</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u>			b. (Middle) <u>E.</u>		c. (Last) <u>LAWING</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 13, 1956</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov 21, 1881</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hour _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clock Serviceman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Repair Shop, Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Henderson, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>S. S. Lawing</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Ann Cox</u>		14. NAME OF HUSBAND OR WIFE <u>Floye D. Lawing</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>708-14-3493</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Floye D. Lawing, Springfield, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic carcinoma, right lung, with generalized metastasis to liver and brain.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 months</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. <u>162X</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____		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>10/28/1955</u> , to <u>1/12/1956</u> , that I last saw the deceased alive on <u>1/12/1956</u> , and that death occurred at <u>1:40A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John W. Polch MD</u>				23b. ADDRESS <u>604 Medical Arts Bldg., Springfield, Missouri</u>		23c. DATE SIGNED <u>1/13/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 15, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Weaver Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near, Ozark, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>1-13-56</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jewell E. Windle</u>		ADDRESS <u>Springfield, Mo.</u>	

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

JAN 20 1956

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.....  
Signature of Student Embalmer

Signed *Robert E. Mullen*

Licensed Embalmer No. *4916*

P. O. Address *Springfield*

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.