

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8768**
Registrar's No. **270-A**

FILED APR 2 - 1956
BIRTH NO. **16491-56** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Laclede	
b. CITY OR TOWN Springfield	c. LENGTH OF STAY (in this place) 19 hrs.	c. CITY OR TOWN Lebanon	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 Burge Hospital		e. STREET ADDRESS (If rural, give location) 0537	

3. NAME OF DECEASED (Type or Print)	a. (First) Gary Lawrence	b. (Middle) Lyda	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) March 21 1956
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5. SEX M	6. COLOR OF RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH March 18, 1956	9. AGE (In years) last birthday -	IF UNDER 1 YEAR Months - Days 3	IF UNDER 24 HRS. Hours - Min. -
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Lebanon Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Lawrence Lyda	13b. MOTHER'S MAIDEN NAME Virginia Waugh	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Stella Waugh	ADDRESS Lebanon Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Malformation of heart		
	ANTECEDENT CAUSES (3 chamber heart) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) atresia of aorta 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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) 7544
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **3-19**, 19**56**, to **3-21** 19**56**, that I last saw the deceased alive on **3-20**, 19**56**, and that death occurred at **6:30 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. Bessick MD	23b. ADDRESS 609 Cherry Springfield Mo	23c. DATE SIGNED 3-26-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/22/56	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Lebanon Mo.
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DATE REC'D BY LOCAL REG. 3-27-56	REGISTRAR'S SIGNATURE John Williamson	25. FUNERAL DIRECTOR'S SIGNATURE Holman Funeral Home	ADDRESS Lebanon Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *no Embalming*..... Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Dorsey M. Howe*.....
Licensed Embalmer No. *422*.....

P. O. Address *Lebanon*.....

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.