

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 3600 Registrar's No. 509-A

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. CITY OR TOWN <b>Springfield</b>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <b>Trotter Rest Home 0346</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Trotter Rest Home</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Laura</b>	b. (Middle) <b>Alta</b>	c. (Last) <b>Haworth</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 3, 1956</b>
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>11-1-1866</b>	9. AGE (In years last birthday) <b>89</b>	If UNDER 1 YEAR Months <b>6</b> Days <b>2</b>	If UNDER 11 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Taney Co. Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>James Lair</b>	13b. MOTHER'S MAIDEN NAME <b>Cook</b>	14. NAME OF HUSBAND OR WIFE <b>Charley Haworth</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Clarence Haworth</b> ADDRESS <b>Republic, Mo.</b>
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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, asthma, 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) <b>Senile Dementia 203 yrs</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>General degenerative changes of senility</b> DUE TO (c) <b>She became very restless &amp; had to be restrained just before death</b>		
II. OTHER SIGNIFICANT CONDITIONS, Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>X</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>304X</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> HOME <input type="checkbox"/> AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **203 years 10** to **June 1956**, 19\_\_\_\_, that I last saw the deceased alive on **last of May 1956**, and that death occurred at **5:45A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Garrett J. Jagg, M.D.</b> (Degree or title)	23b. ADDRESS <b>Springfield 4-1053 Brookside</b>	23c. DATE SIGNED <b>6/9/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-4-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Evergreen Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Republic, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>6-14-56</b>	REGISTRAR'S SIGNATURE <b>South Williamson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Cantrell-Fossett</b> ADDRESS <b>Republic, Mo.</b>
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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *William D. Cantrell*.....

Licensed Embalmer No. *15*.....

P. O. Address *Republic*.....

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.