

FILED DEC 27 1956

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

40764

State File No.

No. 300
10-48

BIRTH NO.		REG. DIST. NO. <u>46</u>		PRIMARY REG. DIST. NO. <u>4065</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Polo</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Polo</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				e. STREET ADDRESS (If rural, give location) <u>0130</u>			
3. NAME OF DECEASED (Type or Print) <u>Lawrence</u>		a. (First)		b. (Middle)		c. (Last) <u>Fields</u>	
4. DATE OF DEATH <u>12--5--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>Jan. 25-1887</u>		9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer Ret.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Caldwell County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Feilds</u>		13b. MOTHER'S MAIDEN NAME <u>Susian Nichols</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie E Feilds</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>World war # 1</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bessie E Feilds.</u> ADDRESS <u>Polo, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> 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 <u>July</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) <u>4201</u>			
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>12-5, 1956</u> to <u>12-5, 1956</u> , that I last saw the deceased alive on <u>12-5, 1956</u> , and that death occurred at <u>11:32 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Chas P. Reith D.P.</u>				23b. ADDRESS <u>Hamilton</u>		23c. DATE SIGNED <u>12-8-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>12/9-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cowgill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cowgill Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Dec 19-56</u>		REGISTRAR'S SIGNATURE <u>Sladys Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cramer Clark.</u>		ADDRESS <u>Kingston, Mo.</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

4581 8 11.5

DEC 28 1956

JAN 7 1957

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..... *Coramie Clark*

Licensed Embalmer No.. 3257.....

P. O. Address Kingston, Mo.

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.