

FILED AUG 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28027

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 795

1. PLACE OF DEATH a. COUNTY Green County			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Christian		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Ozark Mo		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Hospital		Length of stay in lb 12 Days	d. STREET ADDRESS (If outside, give location) Ozark Mo		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Melbern Gann Lawing			4. DATE OF DEATH Month Day Year Aug 8 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 18 1898		9. AGE (In years last birthday) 58
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Mo		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James B Chaudoin		13b. MOTHER'S MAIDEN NAME Cordelia McGinnis		14. NAME OF HUSBAND OR WIFE Homer Lawing	
15. WAS DECEASED EVER IN U. S. ARMED SERVICES (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Address Homer Lawing, Ozark Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia DUE TO (b) Chronic Pyelonephritis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) Diabetes, mellitus				INTERVAL BETWEEN ONSET AND DEATH 2 mo 2 yrs	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 6000			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 8-1-57 to 8-8-57 and last saw him alive on 8-8-57 Death occurred at 8:30 Pm on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (D, M, or title) James T. Good M.D.			22b. ADDRESS Springfield, Mo.		22c. DATE SIGNED 8-14-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-12-57	23c. NAME OF CEMETERY OR CREMATORY Shipman Cemetry		23d. LOCATION (City, town, or county) Christian Co Mo	(State)
24. FUNERAL DIRECTOR T. B. Chaffin		ADDRESS Ozark, Mo.	25. DATE RECD. BY LOCAL REG. 8-14-57		26. REGISTRAR'S SIGNATURE Paul Williams

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

(Licensed Embalmer's Statement on Reverse Side)

VS 4755 1960

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 *J. B. K. [unclear]*

Licensed Embalmer No. 3358

P. O. Address *Springfield, 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.