

FILED DEC 23 1957

STANDARD CERTIFICATE OF DEATH

State File No. 45186

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3042 Registrar's No. 152

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) Neosho		c. CITY OR TOWN Neosho	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In place) Life		e. STREET ADDRESS (If rural, give location) 209 N. Lincoln St. 0433	
d. FULL NAME OF HOSPITAL OR INSTITUTION 209 N. Lincoln			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Henry c. (Last) Laws	4. DATE OF DEATH (Month) Nov. (Day) 17, (Year) 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 7, 1873	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work) Retired Construction Worker	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Neosho, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Fata Bee Laws
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Fata Bee Laws	ADDRESS Neosho, 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, 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) Coronary Heart Disease		1 wk
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Arterial Sclerosis the underlying cause last. DUE TO (c) Osteomyelitis of Right Femur		4 yrs 4 yrs
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 7.302	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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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)
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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?
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22. I hereby certify that I attended the deceased from **11-10-1957** to **11-17-1957** that I last saw the deceased alive on **11-17-1957** and that death occurred at **Neosho, Mo.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. P. C. Davis M.D.	(Degree or title)	23b. ADDRESS Neosho Mo	23c. DATE SIGNED 11-18-57
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24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE Nov. 19, 1957	24c. NAME OF CEMETERY OR CREMATORY Eibson Cemetery	24d. LOCATION (City, town, or county) (State) Neosho, Missouri
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DATE REC'D BY LOCAL REG. 12-5-57	REGISTRAR'S SIGNATURE Melvin C. Bowman	25. FUNERAL DIRECTOR'S SIGNATURE Clark Funeral Home	ADDRESS Neosho, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

223
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RECEIVED

District Health Officer No. Newton
District File Number 1257-292
Date Filed DEC 18 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 Fred L. Clark, Student Embalmer No. 556 working under my personal supervision:

Student Fred L. Clark
Signature of Student Embalmer

Signed Marcellus Truckett

Licensed Embalmer No. 4166
915 Portland St
P. O. Address Wesley, Va

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.