

XC 16200906
SL 17428

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030667

STATE FILE NUMBER

8526

FILED SEP 11 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

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y. 1-57
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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) / a. STATE Illinois b. COUNTY Randolph			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N Grand, St Louis Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Chester	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Vet Adm Hospital		Length of stay in lb 30 Days		d. STREET ADDRESS 223 Wall St. (If outside, give location)	
36		32		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First James Middle R. Last Lawder			4. DATE OF DEATH Month Sept Day 1 Year 1958		
5. SEX Male 0	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 12/19/94	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Campbell Hill, Ill. /		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Walter Lawder		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Mary Lawder	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes/No or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. 355 16 1119	17. INFORMANT Address VAH Records, 915 N Grand, St. Louis, 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) ARTERIOSCLEROTIC HEART DISEASE				INTERVAL BETWEEN ONSET AND DEATH 15-20 YEARS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) - - - - - DUE TO (c) - - - - -				- - - - -	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) METASTATIC CARCINOMA OF ABDOMINAL CAVITY - PRIMARY UNKNOWN				19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> /	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> NONE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK VA <input type="checkbox"/> 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 8/1/58 to 9/1/58 and last saw him alive on 9/1/58		Death occurred at 7:10 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Tals B Hershey M.D. 0		22b. ADDRESS VAH, St. Louis Mo.		22c. DATE SIGNED 9/2/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9-2-58		23c. NAME OF CEMETERY OR CREMATORY FALLS B. HERSHEY, M. D.	
24. FUNERAL DIRECTOR Albert H. Hoppe 4700 Washington, Blvd.		25. DATE RECD. BY LOCAL REG. SEP 3 58		26. REGISTRAR'S SIGNATURE Charles Smith MO	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Accident, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Robert M. Murray*

Licensed Embalmer No. *3749*

P. O. Address *St. Louis*

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.