

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037496  
STATE FILE NUMBER

FILED NOV 10 1958 Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 248

1. PLACE OF DEATH a. COUNTY <b>Saint Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Chas.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Saint Charles</b>		c. CITY OR TOWN <b>Saint Charles</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph's Hosp.</b>		d. STREET ADDRESS <b>603 No. 5th St.</b>	
Length of stay in 1b <b>1 day</b>		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>Willard</b> Last <b>Lawler</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>3</b> Year <b>1958</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 10, 1880</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>23</b> Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>district manager (rtd)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>A.C.F. Ind.</b>	11. BIRTHPLACE (City and state or country) <b>Saint Charles, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>James Golden Lawler</b>			14. MOTHER'S MAIDEN NAME <b>Elizabeth Hughes</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>492-09-7856</b>	17. INFORMANT Address <b>Elizabeth Goebel Clayton, Mo.</b>			

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Ruptured aneurysm abdominal aorta</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Aortic aneurysm</b>	<b>unknown</b>
	DUE TO (c) <b>atherosclerosis</b>	<b>unknown</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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.) <b>451X</b>	
20c. TIME OF INJURY Hour <b></b> a. m. <b></b> Month, Day, Year <b></b> p. m. <b></b>		
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 <b>Nov 7, 1958</b> to <b>Nov. 3, 1958</b> and last saw <sup>her</sup> him alive on <b>Nov. 3-1958</b> Death occurred at <b>5:35 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <b>G. J. Lawry M. D.</b>	22b. ADDRESS <b>St. Charles, Mo.</b>	22c. DATE SIGNED <b>Nov. 4-1958</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Nov. 6, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Saint Charles, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>D. C. Dallmeier, St. Charles, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Nov. 4-58</b>	26. REGISTRAR'S SIGNATURE <b>Mareecea Wilson</b>

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service  
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
 5. 300  
 7. 1-56  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Frank R. Amalony*.....

Licensed Embalmer No. *488*

P. O. Address *St. Charles*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.