Health, Welfare Public Service

300
1-57 c

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004410
STATE FILE NUMBER

MAR 5 1959 Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Barry	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Monett — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Carthage c 49 c — Inside Limits Yes [ ] No [X]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Vincents Hosp. — Length of stay in lb 4 days	d. STREET ADDRESS (If outside, give location) Route 1 — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First Rex Middle Eugene Last Lawyer

4. DATE OF DEATH Month 2 Day 1 Year 59

5. SEX male c

6. COLOR OR RACE white

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH 6 - 18 - 57

9. AGE (In years last birthday) IF UNDER 1 YEAR Months 19 Days 13 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child

10b. KIND OF BUSINESS OR INDUSTRY Child

11. BIRTHPLACE (City and state or country) Nebraska

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Rex Lawyer

13b. MOTHER'S MAIDEN NAME Alice Parnell

14. NAME OF HUSBAND OR WIFE child

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Rex Lawyer Address Carthage, Mo. R 1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Adrenal insufficiency — INTERVAL BETWEEN ONSET AND DEATH 24 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Malignant form Leukemoid type of Reticulo-endotheliosis — 16 mo

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 2042.

19. WAS AUTOPSY PERFORMED? 1 YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 Jan. 1958, to Feb. 1959 and last saw her/him alive on Feb. 1959

Death occurred at 2:35 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Rosellen E Cohnberg MD

22b. ADDRESS 215 4th Monett Mo

22c. DATE SIGNED 2/3/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 2-4-59

23c. NAME OF CEMETERY OR CREMATORY Zion Evangelical Cemetery

23d. LOCATION (City, town, or county) (State) 7 mi. S.W. Mt. Vernon, Mo.

24. FUNERAL DIRECTOR H.D.Fossett ADDRESS Mt. Vernon, Mo.

25. DATE RECD. BY LOCAL REG. 2-22-59

26. REGISTRAR'S SIGNATURE Mrs P.N. Cook

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

DATE REC. 3-3-59

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 me, Student Embalmer No. ..... working under my personal supervision.

Student ..... Signature of Student Embalmer

Signed H. W. Fossett

Licensed Embalmer No 2201

P. O. Address Mt. Vernon

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.