

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005320

STATE FILE NUMBER

FILED MAR 2 1959

Registration District No. 137

Primary Registration District No.

Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MORGAN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WINDSOR</u>		c. CITY OR TOWN <u>STOVER</u>	
c. PODL NAME OF (If NOT in hospital, give location) <u>COMMUNITY REST HOME</u>		d. STREET ADDRESS (If outside, give location) <u>3RD. STREET</u>	
3. NAME OF DECEASED (Type or print) First <u>STERLING</u> Middle <u>LAWSON</u> Last <u>LAWSON</u>		4. DATE OF DEATH Month <u>FEB.</u> Day <u>20</u> Year <u>1959</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2. DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>SEPT. 11/1878</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTHPLACE (City and state or country) <u>Putnam Co Mo</u>
13a. FATHER'S NAME <u>THOMAS LAWSON</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET SMITH CREECH LAWSON</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		17. INFORMANT Address <u>MRS. BERTHA ECKHOFF WINDSOR MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Heart failure, congestive</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause, last. DUE TO (b) <u>Arterio sclerosis, generalized</u> DUE TO (c) <u>nephrosclerosis</u> PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Intestinal obstruction: kidney failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs</u> <u>unknown</u>
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.)	
20c. TIME OF INJURY Hour <u>11:15</u> a.m. <u>5</u> p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <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 <u>MO.</u> STATE <u>MO.</u>	
21. I attended the deceased from <u>2/1/59</u> to <u>2/20/59</u> and last saw him alive on <u>2/19/59</u> Death occurred at <u>11:15 A. m</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Bernard Brack, M.D.</u> (Degree or title)		22b. ADDRESS <u>116 So main Windsor, mo.</u>	
22c. DATE SIGNED <u>21 Feb., 1959</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>FEB. 22, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>STOVER CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>STOVER MO.</u>
24. FUNERAL DIRECTOR <u>J. H. Swinson</u> Address <u>Stover Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-28-59</u>	
26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 

Licensed Embalmer No. 4073

P. O. Address Dover 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.