

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016503

STATE FILE NUMBER

FILED APR 29 1959 Registration District No. 354 Primary Registration District No. 4579 Registrar's No. 13

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Texas</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Texas</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cabool</b>		c. CITY OR TOWN <b>Cabool</b> <b>1070</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Ozark Ave.</b>		d. STREET ADDRESS (If outside, give location) <b>Ozark Ave.</b>	
Length of stay in lb <b>60 yrs.</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>George</b> Middle <b>Vernon</b> Last <b>Laws</b>			4. DATE OF DEATH Month <b>Apr.</b> Day <b>18,</b> Year <b>1959</b>		
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 25, 1898</b>	9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>mail carrier</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Real Estate Agent</b>	11. BIRTHPLACE (City and state or country) <b>Cabool, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>George C. Laws</b>	13b. MOTHER'S MAIDEN NAME <b>Viva Jane Warren</b>	14. NAME OF HUSBAND OR WIFE <b>Madge Laws</b>
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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.	17. INFORMANT Address <b>Madge Laws, Cabool, Missouri</b>
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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>CORONARY THROMBOSIS</b>		INTERVAL BETWEEN ONSET AND DEATH <b>30 min</b>
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)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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>4201</b>
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____
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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 <b>Cabool, Mo</b>	COUNTY _____ STATE _____
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21. I attended the deceased from **1955 MAY** to **APRIL 18 1959** and last saw him alive on **April 18, 1959**  
Death occurred at **2:10p** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>E. L. Spears</b> (Degree or title) <b>M.D.</b>	22b. ADDRESS <b>Cabool, Mo</b>	22c. DATE SIGNED <b>4/21/59</b>
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>burial</b>	23b. DATE <b>4-22-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Cabool Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Cabool, Missouri</b>
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24. FUNERAL DIRECTOR <b>Elliott-Gentry, Cabool, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>4-24-59</b>	26. REGISTRAR'S SIGNATURE <b>Gaynel. Cunningham</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc.: must use only standard nomenclature in item 10. No symptoms or signs to be stated. All diseases in Part I must be causally related.

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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 *James L. Kenby* .....  
Licensed Embalmer No. *4718*  
P. O. Address *Calool, 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.