

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-020895

FILED JUL 13 1959

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 149

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY Franklin		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		Length of stay in 1b 38 days		c. CITY OR TOWN Labadie		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rural Route		
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH				
First ISAAC		Middle LAWSON		Last		Month July Day 8 Year 1959		
5. SEX male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/26/1880		
9. AGE (last birthday) 78-9-12		IF UNDER 1 YEAR		IF UNDER 24 HR		Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even, if retired) Farming (ret.)			10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (City and state or country) Bigelow, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Lewis Lawson			13b. MOTHER'S MAIDEN NAME Elizabeth Blair			14. NAME OF HUSBAND OR WIFE Ida Lawson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 495-22-1849		17. INFORMANT Address Mrs Ray Schmidt, Labadie, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Dependent pneumonia							3 wks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								
DUE TO (b) Arterio-sclerotic C-V-Disease								
DUE TO (c) Old age								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic pulmonary fibrosis						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? NO		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 Month, Day, Year						
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 Jan 1950 to 8 July 59 and last saw ^{her} him alive on 8 July 59 Death occurred at 7 o'clock a.m. CST on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE [Signature] (Degree or title)				22b. ADDRESS Washington, Mo		22c. DATE SIGNED 8 July 59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/11/1959		23c. NAME OF CEMETERY OR CREMATORY New Haven Cemetery		23d. LOCATION (City, town, or county) New Haven, Missouri		
24. FUNERAL DIRECTOR Henry W. Otto, Washington, Mo.				25. DATE RECD. BY LOCAL REG. 7/11/59		26. REGISTRAR'S SIGNATURE [Signature]		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Henry W. Otto

Licensed Embalmer No. 3560

P. O. Address Washington

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.