URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 19 1959

59-038667

STATE FILE NUMBER

Registration District No. 381 Primary Registration District No. 4514 Registrar's No. 100

1. PLACE OF DEATH
a. COUNTY Sullivan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Green City — Length of stay in 1b: 9 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home in Green City — Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Sullivan
c. CITY OR TOWN Green City — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location) No street address — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Permelia Middle Frances Last Lawson
4. DATE OF DEATH: Month October Day 7 Year 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH: 11/10/1870
9. AGE (last birthday): 88
IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Farm home
11. BIRTHPLACE (City and state or country): Sidney, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Adam Turnmire
13b. MOTHER'S MAIDEN NAME: Melissa Pickett
14. NAME OF HUSBAND OR WIFE: Thomas W. S. Lawson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ———
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Guy Harlan, Green City, Mo.

MEDICAL CERTIFICATION

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)	Coronary Occlusion	—
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary Sclerosis	10 yrs
DUE TO (c)	General Sclerosis	10 yrs

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes X No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
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 January 10 1957 to October 7 1959 and last saw her alive on Sept. 15 1959
Death occurred at 12:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R. D. Smith (Degree or title) D.O.
22b. ADDRESS: Green City, Mo
22c. DATE SIGNED: 10/9/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/9/59
23c. NAME OF CEMETERY OR CREMATORY: Cox Cemetery
23d. LOCATION (City, town, or county) (State): Adair Co., Mo.
24. FUNERAL DIRECTOR ADDRESS: Glenn E. Kent & Son, Green City, Mo
25. DATE RECD. BY LOCAL REG.: 10-13-59
26. REGISTRAR'S SIGNATURE: Mrs. M. W. Beckett

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

ENDED

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_____ Signed Karl R. Kent

Signature of Student Embalmer

Licensed Embalmer No. 4689

P. O. Address Green City

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