

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 2 1959

59-039267

STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 175

INDEXED

1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY CASS							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HARRISONVILLE		Length of stay in 1b		c. CITY OR TOWN HARRISONVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 404-W. Washington			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 404-W. Washington		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM BERKER LAWLER				4. DATE OF DEATH Month Day Year NOV. 12 - 1959							
5. SEX MALE		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-5-1885		9. AGE (last birthday) 74			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUSSINESS MAN			10b. KIND OF BUSINESS OR INDUSTRY Service Station			11. BIRTHPLACE (City and state or country) Clinton-Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A			
13a. FATHER'S NAME James W. Lawler			13b. MOTHER'S MAIDEN NAME Elysa Christine Ritchey			14. NAME OF HUSBAND OR WIFE EMMA BURD SIDEN			Address Mo.		
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. 497-36-5099			17. INFORMANT EMMA LAWLER, HARRISONVILLE			Address Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho Pneumonia								INTERVAL BETWEEN ONSET AND DEATH 3 days			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Artery INSUFFICIENCY								4 yrs			
DUE TO (c) Coronary Arterio Sclerosis								4 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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.)							
20c. TIME OF INJURY Hour a.m. p.m. 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 Nov 1956 to Nov 12-59 and last saw him alive on Nov-12-59 Death occurred 12330 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) [Signature]						22b. ADDRESS HARRISONVILLE Mo.		22c. DATE SIGNED 11-14-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-14-59		23c. NAME OF CEMETERY OR CREMATORY Crescent Hill			23d. LOCATION (City, town, or county) (State) ADRIAN, Missouri				
24. FUNERAL DIRECTOR Atkinson Sney Harrisonville, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. 11-14-59		26. REGISTRAR'S SIGNATURE Mo Roy Sebrer			

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert Atkinson

Licensed Embalmer No. 4902

P. O. Address Hansonville

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.