

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-016542

FILED VS MAY 3 1960

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. — Registrar's No. 162

INDEXED

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Frankclay</u>		Length of stay in 1b <u>50 yrs.</u>		c. CITY OR TOWN <u>Frankclay</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>daughter's home</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>—</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Anna Elizabeth</u> Middle <u>Lawson</u> Last <u>Lawson</u>				4. DATE OF DEATH Month <u>April</u> Day <u>25</u> Year <u>1960</u>					
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3-25-1876</u>		9. AGE (last birthday) <u>84 yrs.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and state or country) <u>Bonne Terre, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Jim Christopher</u>			13b. MOTHER'S MAIDEN NAME <u>Rhoda Jane Williams</u>			14. NAME OF HUSBAND OR WIFE <u>Charles 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>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Mrs. Ola Smith, Frankclay, 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>Hypertensive cardiovascular renal disease</u> DUE TO (b) <u>arteriosclerosis heart disease</u> DUE TO (c) <u>acute cholecystitis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH <u>Not known</u> <u>Not known</u> <u>6 days</u>	
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 <u>—</u> Month, Day, Year <u>—</u>		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 <u>April 20 1960</u> to <u>April 25 1960</u> and last saw her <u>live on 4/25/60</u> Death occurred at <u>11:30 p.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>John W Hunt M.D.</u>				22b. ADDRESS <u>Leadwood Mo</u>		22c. DATE SIGNED <u>4/26/60</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4-27-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Adams Cemetery</u>		23d. LOCATION (City, town, or county) <u>Frankclay, Missouri</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Bert L. Boyer, Leadwood, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Apr. 27, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Catherine Kudloff</u>			

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 Ben H. Boyer

Licensed Embalmer No. 3445

P. O. Address Leadwood

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.