

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031609

FILED VS AUG 31 1960

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>PIKE</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LOUISIANA, MO.</u>		Length of stay in 1b <u>3 days</u>	c. CITY OR TOWN <u>BOWLING GREEN, MO.</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>PIKE CO. HOSPITAL</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>519 MARTIN</u>		
3. NAME OF DECEASED (Type or print) First <u>PATTIE</u> Middle <u>LEE</u> Last <u>LAWSON</u>			4. DATE OF DEATH Month <u>AUG.</u> Day <u>20</u> , Year <u>1960</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>Col.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 4, 1895</u>	9. AGE (last birthday) <u>65</u>	IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and state or country) <u>BOWLING GREEN, MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>EDWARD WILLIS</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET SHEPARD</u>		14. NAME OF HUSBAND OR WIFE <u>EDWARD LAWSON SR.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>498-01-0750</u>	17. INFORMANT <u>EDWARD LAWSON SR.</u>		Address <u>BOWLING GREEN 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>Cerebral Anoxia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral embolism</u>					<u>hours</u>	
DUE TO (c) <u>Myocardial infarct</u>					<u>hours</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 _____ 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 <u>8-18-60</u> to <u>8-20-60</u> and last saw her alive on <u>8-20-60</u> Death occurred at <u>3:30</u> <u>P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>Robert A. Brooks D.D.</u> (Degree or title)			22b. ADDRESS <u>Bowling Green, Mo.</u>		22c. DATE SIGNED <u>8-22-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>8-24-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BOWLING GREEN</u>		23d. LOCATION (City, town, or county) <u>BOWLING GREEN, MO.</u> (State)		
24. FUNERAL DIRECTOR <u>BANK HEAD FUNERAL CHAPEL</u> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>Aug 23-1960</u>	26. REGISTRAR'S SIGNATURE <u>Service Center</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 12 1950

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 Harold C. Kirk

Licensed Embalmer No. 4597

P. O. Address Bowling Green

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.