RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 2 1960

-60-038907

STATE FILE NUMBER

NDED

Registration District No. 178 Primary Registration District No. 4284 Registrar's No. 93

1. PLACE OF DEATH
a. COUNTY Lewis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN La Belle — Length of stay in 1b Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print) First Elsie Middle Lawson Last Mc Cracken

4. DATE OF DEATH Month October Day 24 Year 1960

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH April 21, 1885
9. AGE (last birthday) 75 — IF UNDER 1 YEAR Months 6 Days 3 — 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
11. BIRTHPLACE (City and state or country) Clark County
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William Lawson
13b. MOTHER'S MAIDEN NAME Elzira Garden
14. NAME OF HUSBAND OR WIFE Percy Mc Cracken

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT Mrs. Thelma Morrow Address Willliamstown, 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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 3-5 MINS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart disease
DUE TO (c)
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 ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 10-4-60 to 10-22-60 and last saw her alive on 10-24-60
Death occurred at 3 45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ralph V. Wimp D.O.
22b. ADDRESS La Belle, Mo.
22c. DATE SIGNED 10-27-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10/30/1960
23c. NAME OF CEMETERY OR CREMATORY La Belle Cemetery
23d. LOCATION (City, town, or county) (State) La Belle, Missouri

24. FUNERAL DIRECTOR [signature] ADDRESS La Belle, Mo.
25. DATE RECD. BY LOCAL REG. 10-29-'60
26. REGISTRAR'S SIGNATURE Mrs. Henry Lloyd

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

NOV 3 1981

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 _____ myself _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed J. Moder Jr.
Signature of Student Embalmer

Licensed Embalmer No. 4328

P. O. Address LaBelle, M

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