DURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-042388

FILED VS DEC 6 1960

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 5-69 STATE FILE NUMBER

MENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence — Length of stay in 1b 3days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Independence, Hosp. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Oklahoma b. COUNTY Mayes
c. CITY OR TOWN Pryor — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 208 N. Indianola — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First NELLIE Middle LENORA Last LAWHORN
4. DATE OF DEATH Month Day Year Nov.27,1960

5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Aug.31,1900
9. AGE (last birthday) 60 — 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
11. BIRTHPLACE (City and state or country) Springfield.Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Isaac Snow
13b. MOTHER'S MAIDEN NAME Lennie Snow
14. NAME OF HUSBAND OR WIFE James C. Lawhorn

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.
17. INFORMANT James C.Lawhorn — Address Pryor, Okla.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Occlusion
DUE TO (c) Coronary Atherosclerosis

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 11-27-60, to 11-27-60 and last saw her/him alive on 11-27-60
Death occurred at 3:45 a.m. 11-27-60 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert Mosser MD.
22b. ADDRESS 10901 Winner Road Independence, Mo
22c. DATE SIGNED 11-27-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Nov.28,1960
23c. NAME OF CEMETERY OR CREMATORY Wagoner
23d. LOCATION (City, town, or county) (State) Wagoner, Okla.

24. FUNERAL DIRECTOR OTT & MITCHELL — ADDRESS INDEP. MO.
25. DATE RECD. BY LOCAL REG. 11-28-60
26. REGISTRAR'S SIGNATURE James H. Craig

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

DEC 20 1960

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_____ Signed Henry L. Mitchell

Signature of Student Embalmer

Licensed Embalmer No. 392

P. O. Address Lindep, N

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