

STATE DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 3 1961

-60-046590

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 226

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Webb City</u>		Length of stay in lb	c. CITY OR TOWN <u>Webb City</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>215 N. Webb St.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>215 N. Webb St.</u>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Carrie</u> Middle <u>Lee</u> Last <u>Lawson</u>	4. DATE OF DEATH Month <u>December</u> Day <u>25</u> Year <u>1960</u>
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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>8/26/1871</u>	9. AGE (last birthday) <u>89</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during working years, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Arkansas</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Gab Louing</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Clark</u>	14. NAME OF HUSBAND OR WIFE <u>James R Lawson</u>
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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 <u>Mrs. Minnie Switzer, Webb City, Mo.</u>	Address
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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>Hydrostatic pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>26 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Acute congestive failure</u>	<u>2 also</u>
	DUE TO (c) <u>Arteriosclerotic heart disease</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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour <u> </u> Month, Day, Year <u> </u>	
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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 <u> </u> COUNTY <u> </u> STATE <u> </u>
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21. I attended the deceased from 9-26-60 to 12-25-60 and last saw her alive on 12-25-60
Death occurred at 12:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>C. A. Key D.O.</u>	(Degree or title)	22b. ADDRESS <u>Webb City, Mo.</u>	22c. DATE SIGNED <u>12/25/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/28/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Carterville Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Carterville, Mo.</u>
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24. FUNERAL DIRECTOR <u>Hedge-Lewis Funeral Home, Webb City, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>12-27-60</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 10 1961

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 J. Lewis

Licensed Embalmer No. 4456

P. O. Address W. B. C.

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.