

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046730

FILED VS JAN 3 1961

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 152

STATE FILE NUMBER

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1. PLACE OF DEATH a. COUNTY <i>Linn</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Linn</i>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <i>Brookfield</i>	Length of stay in 1b <i>Lifetime</i>	c. CITY OR TOWN <i>Brookfield</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>418 Mason</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <i>413 Mason St.</i>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>Marian</i> Middle <i>Lawton</i> Last <i>Lawton</i>			4. DATE OF DEATH Month <i>Dec.</i> Day <i>21</i> Year <i>1960</i>				
5. SEX <i>F</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Jan 10 1882</i>	9. AGE (last birthday) <i>78</i>	IF UNDER 1 YEAR Months <i>11</i> Days <i>11</i> Hours <i></i> Min. <i></i>	IF UNDER 24 HR Hours <i></i> Min. <i></i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Brookfield Mo</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.</i>	
13a. FATHER'S NAME <i>John Lawton</i>		13b. MOTHER'S MAIDEN NAME <i>Rose Battelheim</i>		14. NAME OF HUSBAND OR WIFE <i>John W. Lawton</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <i>Elliott Lawton</i>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Coronary thrombosis &amp; occlusion</i>		<i>Acute</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Arteriosclerosis</i>	-
	DUE TO (c) <i>Senility</i>	-

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Chronic rheumatoid arthritis &amp; amyloidosis</i>		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	
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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.)	
20c. TIME OF INJURY Hour <i>3 am</i> 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 *Oct. 1945* to *12-21-60* and last saw her alive on *12-16-60*  
Death occurred at *3 am* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>John R. Dyer M.D.</i> (degree or title)	22b. ADDRESS <i>Brookfield Mo</i>	22c. DATE SIGNED <i>12-22-60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>Dec 23 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Rose Hill Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Brookfield Mo.</i>
24. FUNERAL DIRECTOR <i>H. J. Joes</i>	ADDRESS <i>Brookfield</i>	25. DATE RECD. BY LOCAL REG. <i>12-24-60</i>	26. REGISTRAR'S SIGNATURE <i>Katharine Johnson</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NS JAN 4 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 Homer Bowden

Licensed Embalmer No. 3295

P. O. Address Brookfield

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.