

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008491

STATE FILE NUMBER

AMENDED

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 31

FILED MAR 20 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Harrison</u>	a. STATE <u>Mo</u>	b. COUNTY <u>Harrison</u>	b. COUNTY <u>Harrison</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bethany Mo</u>	Length of stay in lb <u>6 Days</u>	c. CITY OR TOWN <u>Ridgeway - Rural</u>	Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Reid Hospital</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>9 miles East Ridgeway</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <u>Agnes - J</u>	Middle <u>L</u>	Last <u>Lawe</u>	4. DATE OF DEATH	Month <u>3</u>	Day <u>10</u>	Year <u>61</u>
-------------------------------------	------------------------	-----------------	------------------	------------------	----------------	---------------	----------------

5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</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 19 1904</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR	IF UNDER 24 HR
				Mogjhs <u>9</u> Days <u>19</u>		Hours <u></u> Min. <u></u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Keeper own home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>	11. BIRTHPLACE (City and state or country) <u>Ridgeway, Rural</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
--	---	---	---

13a. FATHER'S NAME <u>Newton Scott</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Pittman</u>	14. NAME OF HUSBAND OR WIFE <u>Cyrus Ed Lawe</u>
--	--	--

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>no</u>	17. INFORMANT <u>Ed Lawe</u>	Address <u>Ridgeway Mo.</u>
--	-----------------------------------	------------------------------	-----------------------------

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) <u>Congestive Heart Failure</u>		<u>6 mo</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Hypertensive Heart Disease</u>	<u>4 yrs</u>
	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. <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 <u></u> Month, Day, Year <u></u>
---------------------	---------------------------------------

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 2-16-60 to 3-10-61 and last saw her 1961 alive on 3-10-61
Death occurred at 1:55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>G.M. Thayer</u> (Degree or title) <u>D.O.</u>	22b. ADDRESS <u>Bethany, Mo.</u>	22c. DATE SIGNED <u>3-13-61</u>
---	----------------------------------	---------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-13-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bowman Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>9 miles East Ridgeway Mo</u>
---	--------------------------	---	---

24. FUNERAL DIRECTOR <u>R.R. Rogers, Ridgeway Mo</u>	25. DATE RECD. BY LOCAL REG. <u>3-13-1961</u>	26. REGISTRAR'S SIGNATURE <u>Jella Maxey</u>
--	---	--

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 22 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert R. Baggers

Licensed Embalmer No. 8676

P. O. Address Ridgeway 9mo

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.