MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-000870
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 9

FILED JAN 12 1962

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Jefferson City — Length of stay in 1b: 4 Months
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Mo. State Penitentiary — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Greene
c. CITY OR TOWN: Springfield — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 701 N Lone Pine — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Lawson Middle: Jesse Last: Widner
4. DATE OF DEATH: Month: Jan. Day: 3 Year: 62
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 5/7/06
9. AGE (last birthday): 55 — 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): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY: United States
13a. FATHER'S NAME: Froman Widner
13b. MOTHER'S MAIDEN NAME: Mary Elizabeth Choat
14. NAME OF HUSBAND OR WIFE: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT — Address: Mo. State Pen., Jeff. City, Missouri

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): Natural Causes apparently
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Coronary Death
DUE TO (c): Seen by Coronor Kolb
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 not seen for illness, to and last saw her/him alive on
Death occurred at 6:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Hugh W. Maxey, Mr. Prison Hospital
22b. ADDRESS
22c. DATE SIGNED: 1-4-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 1/3/62
23c. NAME OF CEMETERY OR CREMATORY: Little Creek Cemetery Ch.
23d. LOCATION (City, town, or county) (State): Wright County, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Freeman Mortuary & Chapel JCM.
25. DATE RECD. BY LOCAL REG.: 4 January 1962
26. REGISTRAR'S SIGNATURE: RP Darris, MD-N Richter, Dep

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: ITEM NO. — SHOULD READ — INSTEAD OF — DATE AMENDED — BY AFFIDAVIT OF — DOCUMENT — AMENDED

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_____ Signed Donald R. Freeman

Signature of Student Embalmer

Licensed Embalmer No. 4623

P. O. Address Jamo.

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.