

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017657
STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 94

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 7 1962

1. PLACE OF DEATH
a. COUNTY Saline

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Saline

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall Length of stay in 1b 1 yr

c. CITY OR TOWN Marshall Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fifty gibbon Memorial Hosp Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 580 N. Washington Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First BERTHA Middle MABEL Last LAWSON

4. DATE OF DEATH Month May Day 3 Year 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3-4-1891 9. AGE (last birthday) 71

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Own Home 11. BIRTHPLACE (City and state or country) Saline County 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME James L. Short 13b. MOTHER'S MAIDEN NAME Alice Hadan Stephenson 14. NAME OF HUSBAND OR WIFE Edward R. Lawson

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. None 17. INFORMANT Address Mrs Ethel Sperry Marshall Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Secondary Lung Cancer INTERVAL BETWEEN ONSET AND DEATH 12 m
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Gastric Metastases 4 wk.
DUE TO (c) Carcinoma of Stomach 7 Mon

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease/condition given in PART I (a) Acute Cholelithiasis - Rt. Nephropathy

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 8:40 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 Sept 1958 to 3 May 1962 and last saw her alive on 3 May 62 Death occurred at 8:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree of title) Edie M. Corbitt M.D. 22b. ADDRESS Marshall Mo 22c. DATE SIGNED 4 May 62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 5-6-1962 23c. NAME OF CEMETERY OR CREMATORY Blue Lick Cemetery 23d. LOCATION (City, town, or county) (State) Saline County Mo

24. FUNERAL DIRECTOR ADDRESS Harry Hershlagier Marshall, Mo 25. DATE RECD. BY LOCAL REG. 5-5-62 26. REGISTRAR'S SIGNATURE Cecil D. Lead

VS 300 Rev. 4/59

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20975

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

JUN 12 1962

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 Harry Hershberger

Licensed Embalmer No. 4357

P. O. Address Marshall, Mo

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.