

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-027832

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 207 Primary Registration District No. \_\_\_\_\_ Registrar's No. 23

STATE FILE NUMBER

**FILED JUL 18 1962**

VS 300  
Rev. 4/59

1 0630

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|   |   |   |   |
|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Maries</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>Maries</b>                      |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN  |   | Length of stay in 1b<br><b>Life</b>   | c. CITY OR TOWN <b>Dixon, Mo.</b><br>Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Residence</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>Rt. # 3</b><br>Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                        |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>Belva Mary Lawson</b>  |   |   | 4. DATE OF DEATH<br>Month Day Year<br><b>July 6, 1962</b>   |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>9-18-1892</b>  |
| 9. AGE (last birthday)<br><b>69</b>   |   | IF UNDER 1 YEAR<br>Months Days  | IF UNDER 24 HR<br>Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><b>Maries County, Mo.</b>   |
| 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |   | 13a. FATHER'S NAME<br><b>George Pinkney Barnhart</b>  |   |
| 13b. MOTHER'S MAIDEN NAME<br><b>Josephine Burnham</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Andrew Lawson (dec.)</b>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |   | 16. SOCIAL SECURITY NO.   | 17. INFORMANT<br><b>Mrs. Edith Copeland</b><br>Address <b>Rt. 1 Iberia, Mo.</b>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>arteriosclerotic heart disease</b><br>DUE TO (b) <b>arteriosclerosis</b><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>?</b>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Diabetes mellitus</b>   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input 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<br>Hour a.m. p.m.<br>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<br><b>May 13, 1947 to July 6, 1962</b>   | COUNTY STATE<br><b>July 6, 1962</b>   |
| 21. I attended the deceased from <b>July 6, 1962 10:45p</b> and last saw her <b>July 6, 1962</b> alive on <b>July 6, 1962</b><br>Death occurred at <b>10:45p</b> on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |   |
| 22a. SIGNATURE<br><b>S.C. Howard, D.O.</b><br>(Degree or title)   |   | 22b. ADDRESS<br><b>Vienna, Missouri</b>   | 22c. DATE SIGNED<br><b>7/9/62</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>7-8-1962</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Lawson Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Maries County, Mo.</b>  |
| 24. FUNERAL DIRECTOR<br><b>Scriver-Stevinson Iberia, Mo.</b><br>ADDRESS   |   | 25. DATE RECD. BY LOCAL REG.<br><b>7-8-1962</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Noelle Hutchison</b>  |

JUL 19 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 Jay A. Stevenson Student Embalmer No. 654

working under my personal supervision.

Student Jay A. Stevenson  
Signature of Student Embalmer

Signed J. L. Stevenson

Licensed Embalmer No. 4073

P. O. Address Stoner 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.