

FILED SEP 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **29575**

BIRTH NO. _____		REG. DIST. NO. <b>137</b>		PRIMARY REG. DIST. NO. <b>3033</b>		Registrar's No. <b>21</b>								
1. PLACE OF DEATH a. COUNTY <b>Henry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY <b>Henry</b>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clinton</b>			c. LENGTH OF STAY (in this place) <b>5 days</b>		c. CITY OR TOWN <b>Clinton</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Clinton General Hosp</b>				• STREET ADDRESS (If rural, give location) <b>609 E. Jefferson St.</b>				0420						
3. NAME OF DECEASED (Type or Print) <b>Ira Gray Lawler</b>			a. (First)		b. (Middle)		c. (Last)							
4. DATE OF DEATH <b>Sept. 9 1955</b>				5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>						
8. DATE OF BIRTH <b>July 21 1870</b>			9. AGE (In years last birthday) <b>85</b>		IF UNDER 1 YEAR Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer (Retired)</b>							
10a. USUAL OCCUPATION			10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Henry County, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>						
13a. FATHER'S NAME <b>John T. Lawler</b>			13b. MOTHER'S MAIDEN NAME <b>Anna E. Anderson</b>			14. NAME OF HUSBAND OR WIFE <b>Elizabeth Lawler</b>								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>			16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Elizabeth Lawler</b>			ADDRESS <b>Clinton, Mo.</b>						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of bladder</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b>						
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>Aug 20, 1955</b> , to <b>Sept 9, 1955</b> , that I last saw the deceased alive on <b>Sept 9, 1955</b> , and that death occurred at <b>7:20 p.m.</b> , from the causes and on the date stated above.			23a. SIGNATURE (Degree or title) <b>W. W. Bradshaw, M.D.</b>			23b. ADDRESS <b>Clinton, Mo.</b>			23c. DATE SIGNED <b>9-13-55</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept 11, 55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Englewood</b>		24d. LOCATION (City, town, or county) (State) <b>Clinton, Missouri</b>								
DATE REC'D BY LOCAL REG. <b>Sept 13-55</b>		REGISTRAR'S SIGNATURE <b>Florence Adair</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Conner</b>		ADDRESS <b>Clinton, Missouri</b>								

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Eugene R. Connelley*

Licensed Embalmer No....*46*

P. O. Address...*Clinton,*

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.