

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32975

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 411

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>HENRY</u>	
b. CITY OR TOWN <u>CLINTON</u>		c. CITY OR TOWN <u>LADUE</u>	
c. LENGTH OF STAY (in this place) <u>6 DAYS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CLINTON GENERAL HOSP</u>		e. STREET ADDRESS (If rural, give location) <u>DAVIS TWP.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LAURA</u> b. (Middle) <u>B.</u> c. (Last) <u>LAWSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 17 1955</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>JAN. 14, 1864</u>
9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>3</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	11. BIRTHPLACE (City and State or Foreign Country) <u>LOUISVILLE, KENTUCKY</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE KEEPER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>FELIX WEST</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Murle Martin, Ladue, Mo</u> ADDRESS <u></u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OVARY</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>175X</u>	
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) <u>NO</u>	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) m.	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 <u>Feb.</u> , 1955, to <u>17 Oct</u> , 1955, that I last saw the deceased alive on <u>17 Oct</u> , 1955, and that death occurred at <u>8:20 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Hugh B. Walker, MD</u> (Degree or title)		23b. ADDRESS <u>Clinton, Mo</u>	23c. DATE SIGNED <u>18 Oct 1955</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 19 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ladue Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ladue, Mo.</u>
DATE REC'D BY LOCAL REG. <u>10-24-55</u>	REGISTRAR'S SIGNATURE <u>Byde G. Snijder</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. D. Trusant, Clinton, Mo.</u> ADDRESS <u></u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *H. A. Vansant*.....

Licensed Embalmer No. *377*

P. O. Address *Clinton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.