

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2258**

FILED JAN 24 1953

BIRTH NO. _____		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 3046		Registrar's No. 3	
1. PLACE OF DEATH a. COUNTY Moniteau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE California b. COUNTY Moniteau			
b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN California		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California Mo 0681			
d. FULL NAME OF HOSPITAL OR INSTITUTION Latham Hospital				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) Dollie Myrtle b. (Middle) Lawson c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Jan 3 1953				
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 25-1893		9. AGE (In years) (If under 1 year last birthday) (Months) (Days) (Hours) (Mins.) 69 6 9	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Moniteau Co. Mo. U		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Thomps Williams			13b. MOTHER'S MAIDEN NAME Martha Ann Hodge		14. NAME OF HUSBAND OR WIFE Frank Lawson Calif Mo		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lloyd Lawson California Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbidity 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.					INTERVAL BETWEEN ONSET AND DEATH 4 days
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 Dec 14, 1952 , to Jan 3, 1953 , that I last saw the deceased alive on Jan 3, 1953 , and that death occurred at 7 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Kenneth Latham M.D.				23b. ADDRESS California, Mo		23c. DATE SIGNED 1-5-53	
24a. BURIAL OR CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/5/53		24c. NAME OF CEMETERY OR CREMATORY Salem Bap. Ch. Cemetery		24d. LOCATION (City, town, or county) (State) California Mo	
DATE REC'D BY LOCAL REG. 1-15-53		REGISTRAR'S SIGNATURE N.P. Pappas		25. FUNERAL DIRECTOR'S SIGNATURE Williams Funeral Home		ADDRESS California	

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

Student Embalmer

Signed

Hugh E. McLean

Licensed Embalmer No. 3537

P. O. Address California, 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 this body is not embalmed, fact should be so stated above.