

**JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-038667**

**FILED VS OCT 19 1959**

STATE FILE NUMBER

Registration District No. 381 Primary Registration District No. 4514 Registrar's No. 100

ENDED

1. PLACE OF DEATH a. COUNTY <b>Sullivan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Sullivan</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Green City</b>		Length of stay in 1b <b>9 yrs.</b>		c. CITY OR TOWN <b>Green City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home in Green City</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>No street address</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>Permelia</b> Middle <b>Frances</b> Last <b>Lawson</b>				4. DATE OF DEATH Month <b>October</b> Day <b>7</b> Year <b>1959</b>									
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>11/10/1870</b>		9. AGE (last birthday) <b>88</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Farm home</b>		11. BIRTHPLACE (City and state or country) <b>Sidney, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>					
13a. FATHER'S NAME <b>Adam Turnmire</b>				13b. MOTHER'S MAIDEN NAME <b>Melissa Pickett</b>				14. NAME OF HUSBAND OR WIFE <b>Thomas W. S. Lawson</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Mrs. Guy Harlan, Green City, Mo.</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CORONARY Occlusion</b>										INTERVAL BETWEEN ONSET AND DEATH <b>—</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>CORONARY Sclerosis</b>										<b>10 yrs</b>			
DUE TO (c) <b>GENERAL Sclerosis</b>										<b>10 yrs</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown						
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Hour a.m. p.m. 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			COUNTY		STATE		
21. I attended the deceased from <b>January 10 1859</b> to <b>October 7 1959</b> and last saw her alive on <b>Sept 15 1959</b> Death occurred at <b>2:30 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <b>R.D. Smith</b> (Degree or title) <b>D.O.</b>						22b. ADDRESS <b>Green City, Mo</b>			22c. DATE SIGNED <b>10/9/59</b> (State)				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>10/9/59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Cox Cemetery</b>			23d. LOCATION (City, town, or county) <b>Adair Co., Mo.</b>						
24. FUNERAL DIRECTOR <b>Blanche E. Kent &amp; Son, Green City, Mo</b> ADDRESS					25. DATE RECD. BY LOCAL REG. <b>10-13-59</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. M.W. Beckett</b>						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Carl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City

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.