S. No. 300
v. 10.48

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

FILED DEC 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40852

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 345

1. PLACE OF DEATH
a. COUNTY: Calloway 0143
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton, Mo
c. LENGTH OF STAY (In this place): 2 mos 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital No 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Calloway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Bloomfield 0140
d. STREET ADDRESS (If rural, give location): Unk

3. NAME OF DECEASED (Type or Print)
a. (First): Luella
b. (Middle): —
c. (Last): FORBIS

4. DATE OF DEATH (Month) (Day) (Year): 12 13 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Oct 1865
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months 2, Days 12 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): ~~Oct 1865~~ Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: John David Lawson
13b. MOTHER'S MAIDEN NAME: Mary Jane Epperson
14. NAME OF HUSBAND OR WIFE: Unk
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unk
17. INFORMANT'S SIGNATURE OR NAME: State Hospital Records — ADDRESS: Fulton, Mo

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senile Psychosis

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. Hypostatic Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 304X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 27 Sept, 1951, *to* 13 Dec, 1951, *that I last saw the deceased alive on* 12 Dec, 1951, *and that death occurred at* 6 45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: G. S. Waraich (Degree or title) M.D
23b. ADDRESS: Fulton, Mo
23c. DATE SIGNED: 13 Dec 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 15-1951
24c. NAME OF CEMETERY OR CREMATORY: Union Hill
24d. LOCATION (City, town, or county) (State): Holt Summit Mo

DATE REC'D BY LOCAL REG.: Dec-13-1951
REGISTRAR'S SIGNATURE: Maretta Lawrence 426
25. FUNERAL DIRECTOR'S SIGNATURE: Ray A Holt — ADDRESS: New Bloomfield Mo

(Licensed Embalmer's Statement on Reverse Side)

Fulltin

RECEIVED
DEC 20 1951
DISTRICT HEALTH OFFICE No. 4
File No. _____

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 Ray A Holt, Student Embalmer No. 2605 working under my personal supervision.

Student .....
Student Embalmer

Signed Ray A Holt
Licensed Embalmer No.....
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.