

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022952
State File No. 22952

No. 300

10.48

FILED JUN 24 1958

BIRTH NO. _____		REG. DIST. NO. <u>4448</u>	PRIMARY REG. DIST. NO. <u>6024</u>	Registrar's No. <u>60</u>
1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lawson</u>		c. CITY OR TOWN <u>Lawson</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>Life</u>		STREET ADDRESS (If rural, give location) <u>St not named</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St not named</u>		0890		
3. NAME OF DECEASED (Type or Print) a. (First) <u>JUANITA</u>		b. (Middle) <u>MONROE</u>		c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) <u>June 10 1958</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 25 1897</u>	9. AGE (In years last birthday) <u>61</u> if UNDER 1 YEAR Months <u>4</u> Days <u>20</u> if UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk in drug store</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Lawson Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Arroll Wyatt</u>		13b. MOTHER'S MAIDEN NAME <u>Quora Spears</u>		14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>486-07-0223</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jack Monroe Lawson Mo</u> ADDRESS _____
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Atherosclerotic Myocarditis</u> ANTECEDENT CAUSES <u>Diabetes</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>30 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS <u>Cardiac failure</u> 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? <u>Y</u> 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) <u>Lawson Ray Mo.</u>
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 _____, 1948, to <u>June 10</u> , 1958, that I last saw the deceased alive on <u>June 10</u> , 1958, and that death occurred at <u>10 P. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Detlev Buehner M.D.</u> (Degree or title)		23b. ADDRESS <u>Lawson Mo.</u>		23c. DATE SIGNED <u>6/11/58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 12 '58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lawson Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Lawson Mo</u>				
DATE REC'D BY LOCAL REG. <u>6-18-1958</u>		REGISTRAR'S SIGNATURE <u>Malcol Jackson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jerman Funeral Home Lawson Mo</u> ADDRESS _____

(Licensed Embalmer's Statement on Reverse Side)

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

656, 81 333

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.....
Lindell Jarman

Licensed Embalmer No. 4589
Excelsior Springs Mo
P. O. Address.....

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.