FILED NOV 19 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE — MISSOURI DIVISION OF HEALTH

(PHYSICIAN OR CORONER)

CERTIFICATE OF DEATH

124

STATE FILE NUMBER

68 0046261

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 374

DO NOT WRITE ON THIS STUB

9.	0
10a.	88
10b.	
11.	0
12.	2
13.	4339
14.	8
15.	4
16.	
17.	
18.	0
19.	CREDITS
20.	1-0

VS 300
Rev. 1/68

4. 0945
5. 86

DECEASED

1. DECEASED—NAME: J. R. LAWS
2. SEX: MALE
3. DATE OF DEATH (MONTH, DAY, YEAR): Nov/11/1968
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.): WHITE
5a. AGE—LAST BIRTHDAY (YEARS): 88
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR): FEB. 18/1880
7. COUNTY OF DEATH: ST. FRANCOIS
7a. CITY, TOWN, OR LOCATION OF DEATH: FARMINGTON
7b. INSIDE CITY LIMITS (SPECIFY YES OR NO): YES
7c. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): PRESBYTERIAN HOME LIFE
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Mo.
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): WIDOWED
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME):
12. SOCIAL SECURITY NUMBER: 488-20-4686
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): FARMER
13b. KIND OF BUSINESS OR INDUSTRY: FARMING

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0945

14a. RESIDENCE—STATE: Mo.
14b. COUNTY: ST. FRANCOIS
14c. CITY, TOWN, OR LOCATION: FARMINGTON
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): YES
14e. STREET AND NUMBER: 500 CAYCE ST.

PARENTS

15. FATHER—NAME: JOEL UNK. LAWS
16. MOTHER—MAIDEN NAME: ELIZABETH CUNNINGHAM

17a. INFORMANT—NAME: DR. NORMA D. FARMER, MD
17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 500 CAYCE, FARMINGTON, MO, 63640

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE
(a) CIRCULATORY FAILURE — 12 HOURS
DUE TO, OR AS A CONSEQUENCE OF:
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST
(b) LEFT HEMI PLEGIA — 4 DAYS
DUE TO, OR AS A CONSEQUENCE OF
(c) CEREBRAL VASCULAR THROMBOSIS — 4 DAYS

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)
CHRONIC LYMPHATIC LEUKEMIA - 20 YRS

19a. AUTOPSY (YES OR NO): NO
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH:

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
20b. DATE OF INJURY (MONTH, DAY, YEAR):
20c. HOUR: M.
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18):
20e. INJURY AT WORK (SPECIFY YES OR NO):
20f. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY):
20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):

CERTIFIER

21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM: MONTH 7 DAY 1 YEAR '66
21b. TO: MONTH 11 DAY 11 YEAR '68
21c. AND LAST SAW HIM/HER ALIVE ON: MONTH 11 DAY 11 YEAR 68
21d. I DID NOT VIEW THE BODY AFTER DEATH.
21e. DEATH OCCURRED (HOUR): 3:45 P. M.
AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

22a. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.
HOUR OF DEATH: M.
22b. THE DECEDENT WAS PRONOUNCED DEAD: MONTH 11 DAY 11 YEAR 68 HOUR 3:45 P. M.

23a. CERTIFIER—NAME (TYPE OR PRINT): NORMA DUNNING FARMER M.D.
23b. SIGNATURE: Norma Dunning Farmer M.D.
DEGREE OR TITLE
23c. DATE SIGNED (MONTH, DAY, YEAR): 11-12-68
23d. MAILING ADDRESS—CERTIFIER: 500 CAYCE STREET
STREET OR R.F.D. NO. — CITY OR TOWN: FARMINGTON — STATE: MO — ZIP: 63640

BURIAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
24b. CEMETERY OR CREMATORY—NAME: K. of P. Cem.
24c. LOCATION: CITY OR TOWN: Farmington, STATE: Mo.
24d. DATE (MONTH, DAY, YEAR): Nov. 14, 1968
25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): COZEAN FUNERAL HOME FARMINGTON, MO. 63640
25b. FUNERAL DIRECTOR—SIGNATURE: C.H. COZEAN
26a. REGISTRAR—SIGNATURE: Esther Mathews
26b. DATE RECEIVED BY LOCAL REGISTRAR: Nov. 12, 1968

Type or print in PERMANENT BLACK INK. See handbook for instructions.

DEC 13 1968

12-11-68

19-52-11

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 Donald J. Campbell

Licensed Embalmer No. 5391

P. O. Address Farmington, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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