

FILED MAY 2 1951 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9923A

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 304 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1102 North Rutherford</u>		d. STREET ADDRESS (If rural, give location) <u>1102 N. Rutherford</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eva</u> b. (Middle) <u>R</u> c. (Last) <u>Lawson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-14-47</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 28, 1889</u>
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>16</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>Beverly Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Wm Rowland</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Evans</u>
14. NAME OF HUSBAND OR WIFE <u>J. P. Lawson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. P. Lawson</u> ADDRESS <u>Macon</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Death believed to be due to natural causes, attending physician failed to sign record at time of death</u> DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS <u>and attending physician now deceased</u> Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u></u>			
19a. DATE OF OPERATION <u></u>		19b. MAJOR FINDINGS OF OPERATION <u>at time of filing.</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u></u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Physician now deceased</u>		23b. ADDRESS <u></u>	
23c. DATE SIGNED <u></u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>None</u>	
24b. DATE <u>3/16-47</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Oakwood Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Beverly Mo</u>		24e. DATE REC'D BY LOCAL REG. <u>Apr 27-1951</u>	
24f. REGISTRAR'S SIGNATURE <u>Arthur McNeely</u>		24g. FUNERAL DIRECTOR'S SIGNATURE <u>J. P. Edwards</u>	
24h. ADDRESS <u>195</u>		24i. ADDRESS <u>Beverly Mo</u>	

5-27-51
 COPY 11.5
 PENDING BLACK INK - MAKE A PERMANENT RECORD

MAY 2 1957

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 *J. G. Edwards*

Licensed Embalmer No. *1961*

P. O. Address *Lawrence, Mo*

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

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