

FILED JAN 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1807

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Davies	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Locksprings	
c. LENGTH OF STAY (In this place) 1 day		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Chillicothe Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Andrew c. (Last) Lawson			4. DATE OF DEATH (Month) (Day) (Year) January 18, 1949		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH May 16, 1894	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Breckenridge, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Enoch Lawson	13b. MOTHER'S MAIDEN NAME Sarah Matilda Linville	14. NAME OF HUSBAND OR WIFE Grace Ann Breeze
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 486-12-7707	17. INFORMANT'S SIGNATURE OR NAME Mrs. Grace A. Lawson; Locksprings, Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction		INTERVAL BETWEEN ONSET AND DEATH 72 hours approx. 9:40 P.M. 20
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fall on ice 72 hours before		
	DUE TO (c) Chronic myocarditis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 1/17/49	19b. MAJOR FINDINGS OF OPERATION Acute obstruction jejunum by a Cord Adhesion.	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE Fall on ice during breakfast home	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rock Springs Davies MO.
21d. TIME OF INJURY Jan 17, 1949	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fall on ice

22. I hereby certify that I attended the deceased from 1/15, 1949, to Jan 17, 1949, that I last saw the deceased alive on Jan 17, 1949, and that death occurred at Locksprings, from the causes and on the date stated above.

23a. SIGNATURE (Design or title) W. M. Dowell, M.D.	23b. ADDRESS Chillicothe Mo	23c. DATE SIGNED 1/19/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-20-49	24c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge, Locksprings	24d. LOCATION (City, town, or county) (State) Livingston Co.; Missouri
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DATE REC'D BY LOCAL REG. Jan. -19-49	REGISTRAR'S SIGNATURE Frances B. Neill	25. FUNERAL DIRECTOR'S SIGNATURE Norman Funeral Home; Chillicothe, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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NOV 1 1949

MAR 1 1949

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.

Signed *Edward J. Norman*

Signed
Student Embalmer

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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 this body is not embalmed, fact should be so stated above.