

FILED MAR 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5538

State File No.

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Marion</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Hannibal</p>		b. COUNTY <p style="text-align: center;">Marion</p>	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Hannibal</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">Levering Hosp. <i>U</i></p>		d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">414 Church</p>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
William Darrell Lawson			2/24/1949		

5. SEX <p style="text-align: center;">Male <i>D</i></p>	6. COLOR OR RACE <p style="text-align: center;">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Married <i>1</i></p>	8. DATE OF BIRTH <p style="text-align: center;">November 6, 1898</p>	9. AGE (In years last birthday) <p style="text-align: center;">50</p>	IF UNDER 1 YEAR Months <i>3</i> Days <i>1</i>	IF UNDER 24 HRS. Hours <i>5</i> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Logger</p>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Spalding Missouri <i>D</i></p>	12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">U.S.</p>
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13a. FATHER'S NAME <p style="text-align: center;">Charles Lawson</p>	13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Effie McCann</p>	14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Bertha Lawson</p>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">No None</p>	16. SOCIAL SECURITY NO. <p style="text-align: center;">489-14-7152</p>	17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Mrs. Bertha Lawson</p>	ADDRESS <p style="text-align: center;">414 Church Hannibal</p>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cause unknown</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (b) <i>Deaf on arrival at Hospital</i>		
	DUE TO (c) <i>7955</i>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <i>working and collapsed</i> <i>Death probably due to Heart Trouble</i>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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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 6:00 Pm., from the causes and on the date stated above.

23a. SIGNATURE <i>E. M. Lucke</i>	(Degree or title) <i>Deputy</i>	23b. ADDRESS <p style="text-align: center;">Hannibal Missouri</p>	23c. DATE SIGNED <p style="text-align: center;">2/25/49</p>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>	24b. DATE <p style="text-align: center;">2/28/49</p>	24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Mount Olivet</p>	24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Hannibal Missouri</p>
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DATE REC'D BY LOCAL REG. <p style="text-align: center;">2-28-49</p>	REGISTRAR'S SIGNATURE <i>E. M. Lucke</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>W. C. Fisher</i>	ADDRESS <p style="text-align: center;">Deputy 39 Hannibal Missouri</p>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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in state

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 John S. Ward

Signed.....
Student Embalmer

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.