

FILED MAY 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15176

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 5200 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural "Wakenda"</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brunswick</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 Mi. So. of Carrollton</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>CHARLES</u> c. (Last) <u>LAWLESS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 6 1949</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 12, 1905</u>
9. AGE (In years last birthday) <u>43</u>		10. MONTHS _____	11. DAYS _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Kansas City, Mo</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Lawless</u>	13b. MOTHER'S MARRIAGE NAME <u>Mary Gallegan</u>	14. NAME OF HUSBAND OR WIFE <u>Konnie S. Lawless</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes World War II</u>	16. SOCIAL SECURITY NO. <u>486-10-7736</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. Lawless</u> ADDRESS <u>4221 W. Wyoming Kansas City Mo</u>
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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.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Last Control of Pata. on Curve and turned over,</u>		DUE TO (b) <u>SKULL Fracture on Right</u>		_____
DUE TO (c) <u>Side of head and Left Chest</u>		_____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Crushed,</u>		_____

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway # 24</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Carrollton Carroll Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>MAY 6, 1949 9 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto wreck. Turned over.</u> <u>17</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 (Name or title) <u>Ray Dickerson</u>	23b. ADDRESS <u>Covered Bogard, Mo</u>	23c. DATE SIGNED <u>MAY 7-1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>May 7, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. John Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Kans</u>
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DATE REC'D BY LOCAL REG. <u>5/7/49</u>	REGISTRAR'S SIGNATURE <u>Mr. Verber Calvert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley J. Gibson</u> ADDRESS <u>Carrollton Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 31 1950

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 5-18-49

STG 12 JUN 21 1949

JUN 19 1952

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 Ben W. Gibson

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2961

P. O. Address Carrollton, Va

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

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