

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18892

FILED JUL 6 1949

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 90

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HARRISONVILLE</u>		c. LENGTH OF STAY (In this place) <u>1-2 hrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MEMORIAL HOSPITAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lone Jack</u>	
		d. STREET ADDRESS (If rural, give location) <u>Gen. Del.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE MARCUS</u> b. (Middle) <u>LAWSON</u> c. (Last) <u>LAWSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 23 1949</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>July 7, 1892</u>		9. AGE (In years last birthday) <u>56</u>		10. IF UNDER 1 YEAR (Days) (Hours) (Min.) <u>10, 28</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Const.</u>		11. BIRTHPLACE (State or foreign country) <u>Johnson Co. Kans</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>John S. Lawson</u>		13b. MOTHER'S MAIDEN NAME <u>Susie B. McKinney</u>		14. NAME OF HUSBAND OR WIFE <u>Nil</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-09-8533</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bert Lawson K, C. Missouri</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				<u>1-2 hrs.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		DUE TO (b) _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death.		<u>4201</u>	

19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from 6-23, 1949, to 6-23, 1949, that I last saw the deceased alive on 6-23, 1949, and that death occurred at 11:25 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edward S. Jones M.D.</u>		23b. ADDRESS <u>Harrisonville Mo</u>		23c. DATE SIGNED <u>6-23-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-25-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Santa Fe</u>	
				24d. LOCATION (City, town, or county) (State) <u>120th & State Line K.C.Mo.</u>	

DATE REC'D BY LOCAL REG. <u>June 23, 1949</u>		REGISTRAR'S SIGNATURE <u>Russell J. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. B. Langford Lees Summit Mo</u>	
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JUL 8 1949

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
Student Embalmer

Signed *W. B. Langford*

Licensed Embalmer No. 5893

P. O. Address *Fair Summit*

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.