

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5369

BIRTH NO. _____ REG. DIST. NO. 194 PRIMARY REG. DIST. NO. 5711 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Elk Horn</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Elk Horn</u> <u>0600</u> <u>1</u>	
c. LENGTH OF STAY (in this place) <u>2 1/2 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Stella, Rt. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stedla, Rt. 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MONT</u>	b. (Middle) <u>CLIFFORD</u>	c. (Last) <u>LAWSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 5, 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> <u>3</u>	8. DATE OF BIRTH <u>March 5, 1881</u>
9. AGE (In years last birthday) <u>68</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Powell, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George Lawson</u>		13b. MOTHER'S MAIDEN NAME <u>Thena Day</u>	14. NAME OF HUSBAND OR WIFE <u>Della Woodard</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>523-03-0273</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Oswel Lawson</u> ADDRESS <u>Stedla, Rt. 1</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION <u>Cerebral Apoplexy</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 Days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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>334x</u>	
19a. DATE OF OPERATION	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 <u>2-2</u> , 19 <u>50</u> , to <u>2-5</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2-3</u> , 19 <u>50</u> , and that death occurred at <u>8:45 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. Reynolds M.D.</u> (Degree or title)		23b. ADDRESS <u>Stedla, Mo.</u>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 7, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Macedonia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Stella, Mo. Newton County</u>
DATE REC'D BY LOCAL REG. <u>Feb. 12, 1950</u>	REGISTRAR'S SIGNATURE <u>O. E. Plummer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John B. Popper</u> ADDRESS <u>Goodman, Mo.</u>	

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

RECEIVED FEB 20 1950

District Health

10. 6.

District File Number

250 = 239

Date Filed

2-20-50

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

John B. Papinian

Licensed Embalmer No. 4446

P. O. Address Eastman, 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.