

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13078

1459

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1459</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>44 yrs</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5608 E. 11th St.</u>			
a. STATE <u>Missouri</u>		b. COUNTY <u>Jackson</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>5608 E. 11th St.</u>			
3. NAME OF DECEASED			4. DATE OF DEATH						
a. (First) <u>Nora</u>		b. (Middle) <u>L.</u>		c. (Last) <u>Lawson</u>		Date: (Month) <u>3</u> (Day) <u>28</u> (Year) <u>50</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>9/9/1878</u>			
9. AGE (In years last birthday) <u>72</u>		10. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Mayfield Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		13a. FATHER'S NAME <u>Newton Harrison</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Catherine Dixon</u>		14. NAME OF HUSBAND OR WIFE <u>Bailey Lawson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Marie Mayfield</u> ADDRESS <u>P.O. Indep. Mo.</u>					
18. CAUSE OF DEATH		II. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Chronic myocardial degeneration</u>		a. <u>atrophied of lines</u>		6 months			
ANTECEDENT CAUSES		DUE TO (b) <u>General arteriosclerosis</u>		DUE TO (c) _____		1 year			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				5810			
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) _____ (Min.) _____		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>Feb 16, 1950</u> , to <u>Mar 27, 1950</u> , that I last saw the deceased alive on <u>Mar 27, 1950</u> , and that death occurred at <u>2:59 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Fred W. Hink</u> (Degree or title) _____				23b. ADDRESS <u>Kansas City - 3 - Mo</u>				23c. DATE SIGNED <u>3/28/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/30/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3-29-50</u>		REGISTRAR'S SIGNATURE <u>Margaldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John P. Sweil</u> ADDRESS <u>K.C. Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Richard E. Carroll.

working under my personal supervision.

Student Embalmer No. *368*

Signed *Richard E. Carroll.*
Student Embalmer

Signed *[Signature]*

Licensed Embalmer No. *3623*

P. O. Address *[Signature]*

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.