No. 300
10-48

FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17652

BIRTH NO. _____ REG. DIST. NO. 263 PRIMARY REG. DIST. NO. 6292 Registrar's No. 9

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

1. PLACE OF DEATH
a. COUNTY: Ozark
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Thornfield-R-Thornfield
c. LENGTH OF STAY (in this place): 66
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Douglas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Thornfield, Rural, Thornfield
d. STREET ADDRESS (If rural, give location): 0770

3. NAME OF DECEASED (Type or Print)
a. (First): Milum
b. (Middle):
c. (Last): Lawson

4. DATE OF DEATH (Month) (Day) (Year): 5-24-50

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: 2-12-84
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm owner
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): ----- Tenn. 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Pless Lawson
13b. MOTHER'S MAIDEN NAME: Nance Lawson
14. NAME OF HUSBAND OR WIFE: Inza Howard Lawson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: ✓ Junia Mae Epps — ADDRESS: Thornfiedl, Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Gall Stone Colic

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Heart failure

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 584X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) [redacted] m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/10/50, 19__, *to* 5/10/, 1950, *that I last saw the deceased alive on* 5/10/, 1950, *and that death occurred at* 9:45 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr R A Shannon DO
23b. ADDRESS: Ava Mo
23c. DATE SIGNED: 5/29/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial D
24b. DATE: 5-26-50
24c. NAME OF CEMETERY OR CREMATORY: Thornfield
24d. LOCATION (City, town, or county) (State): Thornfield, Missouri

DATE REC'D BY LOCAL REG.: 6-3-50
REGISTRAR'S SIGNATURE: Mae Johnson 243
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Clinkingbeard Funeral Home, Ava, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 5 1950
District Health Office No. 6,
District File Number 650-645
Date Filed 6-3-50

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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Ava, 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.