

FILED JAN 3 1951

STANDARD CERTIFICATE OF DEATH

State File No. 41723

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 400

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

1. PLACE OF DEATH a. COUNTY PETTIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PETTIS	
b. CITY (If outside corporate limits, write RURAL and give township) SEDALIA		c. CITY (If outside corporate limits, write RURAL and give township) SEDALIA	
d. FULL NAME OF HOSPITAL OR INSTITUTION BOTHWELL HOSPITAL		d. STREET ADDRESS (If rural, give location) 724 EAST 4th	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) SAMUEL	b. (Middle) D	c. (Last) LAWSON	(Month) Dec	(Day) 21	(Year) 1950
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan 22, 1927	9. AGE (In years last birthday) 23	IF UNDER 1 YEAR Months 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY Drive-Inn		11. BIRTHPLACE (State or foreign country) Sedalia, Mo	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Carl M. Lawson	13b. MOTHER'S MAIDEN NAME Lillie F. Davis	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 490-30-3264	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Carl Lawson, Sedalia, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 36 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Virus		
	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.			492X

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 12/21-50, 1950, to 12/21-50, 1950, that I last saw the deceased alive on 12/21, 1950, and that death occurred at 7 p m., from the causes and on the date stated above.

23a. SIGNATURE Dr. Byer M. O.	(Degree or title)	23b. ADDRESS Sedalia Mo.	23c. DATE SIGNED 12/21 50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/23/50	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Sedalia, Mo.

DATE REC'D BY LOCAL REG. 12-23-1950	REGISTRAR'S SIGNATURE C. Campbell	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Beckert Sedalia Mo.
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-25-1
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 1-25-1

FEB 15 1961

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 _____

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Roger F. Fuller

Licensed Embalmer No. 4818

P. O. Address Sidalia, 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.