S. No. 300
v. 10.46

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

FILED DEC 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37410

BIRTH NO. — REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. 5039

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 4 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: WyANDOTTE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 815.0
d. STREET ADDRESS (If rural, give location): 3101 Douglass

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

4. DATE OF DEATH (Month) (Day) (Year): II-22-51

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant 0
8. DATE OF BIRTH: 5-27-51
9. AGE (In years last birthday): If under 1 year: Months 5, Days 25; If under 24 hrs.: Hours, Min.

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

13a. FATHER'S NAME: Carl Lawson
13b. MOTHER'S MAIDEN NAME: Doris Reece
14. NAME OF HUSBAND OR WIFE: none

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: Carl Lawson ADDRESS: 3101 Douglass KCK

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) Spina Bifida - Hydrocephalus

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Encephalitis

DUE TO (c) throat infection from tube in throat for drainage due to hydrocephalus

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 751X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Myelomeningocele - Bifidus Spina - Hydrocephalus
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) 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* about 1 mo., 19__, *to* 11-22, 1951, *that I last saw the deceased alive on* 11-22, 1951, *and that death occurred at* 8 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert W. Forsythe (Degree or title) MD
23b. ADDRESS: 411 Nichols Rd. K.C., Mo
23c. DATE SIGNED: 11-23-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: II-24-51
24c. NAME OF CEMETERY OR CREMATORY: Maple Hill
24d. LOCATION (City, town, or county) (State): K.C.Kansas

DATE REC'D BY LOCAL REG.: 11-14-51
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: Simmons ADDRESS: KCK

(Licensed Embalmer's Statement on Reverse Side)

APR 12 1952

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 Max E. Meyer.

Signed.....
Student Embalmer

Licensed Embalmer No. 4555.

P. O. Address K. C. K.

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.