

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43951**

FILED JAN 16 1952

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5449 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Gentry</u> <u>0380</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Gentry</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ford City Mo.</u>		c. LENGTH OF STAY (in this place) <u>1</u> <u>76</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ford City</u> <u>0380</u>		d. STREET ADDRESS (If rural, give location) <u>None</u> <u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home</u>				d. STREET ADDRESS (If rural, give location) <u>None</u> <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>		b. (Middle)		c. (Last) <u>Lawson.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12.28.1951</u>		
5. SEX <u>Male</u> <input checked="" type="radio"/>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>7.29.1875</u>		
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired merchant</u>		11. BIRTHPLACE (State or foreign country) <u>Darlington Mo.</u> <u>0</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)		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <u>Wm. Thos. Lawson</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy M. Smith.</u>			14. NAME OF HUSBAND OR WIFE <u>Nellie</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Nellie Lawson, Ford City Mo.</u> ADDRESS _____				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of rectum with metastasis -</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>154X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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>7-1-1951</u> to <u>12.28.51</u> , that I last saw the deceased alive on <u>12.27</u> , 19 <u>51</u> , and that death occurred at <u>1:15 A.M.</u> from the causes and on the date stated above.								
23a. SIGNATURE <u>Jack G. Burnes</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>King City Mo.</u>		23c. DATE SIGNED <u>12.29.51.</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12.30.51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ford City</u>		24d. LOCATION (City, town, or county) (State) <u>Ford City Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Jan 12 - 52</u>		REGISTRAR'S SIGNATURE <u>Maudie Williams</u> <u>462</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. A. Jaggart</u>		ADDRESS <u>King City 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

R. H. Taggart

Signed.....

Student Embalmer

Licensed Embalmer No. 2563

P. O. Address King City 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.