

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

2331

FILED JAN 16 1952

BIRTH NO. .... REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4424 Registrar's No. .... 6

1. PLACE OF DEATH  
a. COUNTY Polk

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Polk

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Humansville c. LENGTH OF STAY (In this place) 70

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Humansville 0640

d. FULL NAME OF HOSPITAL OR INSTITUTION Home d. STREET ADDRESS (If rural, give location) Humansville, Mo.

3. NAME OF DECEASED  
a. (First) William b. (Middle) Thomas c. (Last) Lawson 4. DATE OF DEATH (Month) (Day) (Year) 1-5-52

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Sept. 13 1874 9. AGE (In years last birthday) 77 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) Laborer 10b. KIND OF BUSINESS OR INDUSTRY Railroad 11. BIRTHPLACE (State or foreign country) Humansville, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Lawson 13b. MOTHER'S MAIDEN NAME Caroline Winger 14. NAME OF HUSBAND OR WIFE Maggie Lawson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) - 16. SOCIAL SECURITY NO. - 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Veda Hughes, Humansville, Mo.

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Med. Certification  
Cor. Congestion of Myocardial failure  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Chronic Myocarditis  
DUE TO (c) Senility  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Dropsy

INTERVAL BETWEEN ONSET AND DEATH Years

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 4222 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) (Minute) 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 May 3, 1910, to Jan. 5, 1952, that I last saw the deceased alive on July 12, 1951, and that death occurred at 8:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. L. ... M.D. 23b. ADDRESS Humansville, Mo. 23c. DATE SIGNED 1-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 1-7-52 24c. NAME OF CEMETERY OR CREMATORY Humansville Cemetery 24d. LOCATION (City, town, or county) (State) Humansville, Mo.

DATE REC'D BY LOCAL REG. Jan 9, 1952 REGISTRAR'S SIGNATURE Ralph ... 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Primm Funeral Home, Humansville, Mo.

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed O. H. Beckwith.....

Licensed Embalmer No. 3937.....

P. O. Address Humansville, 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.