

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2483**

FILED JAN 22 1952

BIRTH NO. 321952 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonne Terre</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Elvins Route 1 0940</u>	
c. LENGTH OF STAY (in this place) <u>30 min.</u>		d. STREET ADDRESS (If rural, give location) <u>Town Ship (Randolph)</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Sharon</u>	b. (Middle) <u>Juanita</u>	c. (Last) <u>Lawson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 16, 1952</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>child</u>	8. DATE OF BIRTH <u>April 30, 1947</u>	9. AGE (In years last birthday) <u>4</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>16</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>	11. BIRTHPLACE (State or foreign country) <u>St. Francois Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>Vernon Lawson</u>	13b. MOTHER'S MAIDEN NAME <u>Leta Stricklin</u>	14. NAME OF HUSBAND OR WIFE <u>child</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>child</u>	16. SOCIAL SECURITY NO. <u>-----</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Vernon Lawson R. R. 1 Elvins, Mo.</u>	ADDRESS <u>-----</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken neck, cranial injuries</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Residial Coronary juy "Necrosed came to her death"</u> DUE TO (c) <u>by being struck by onca automobile driven</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>by Floyd Halsey on Highway #8, as a result</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION. <u>of an accident.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>094</u> (COUNTY) <u>Randolph</u> (STATE) <u>Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 16 1952 5:00 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>struck by automobile while crossing highway</u>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 5:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Budd Deval Deputy Sheriff Acting Coroner</u>	23b. ADDRESS <u>Lacumston Mo. E8124</u>	23c. DATE SIGNED <u>1/18/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/19/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Adams Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Frank clay, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Jan. 19, 1952</u>	REGISTRAR'S SIGNATURE <u>Ethel Redloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Z. BOVERYSON</u>	ADDRESS <u>DESLOGE, MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 C. J. Bayer .....

Licensed Embalmer No. 1671 .....

P. O. Address 2 Westgate Plaza .....

**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.