

No. 300
10.48

008
3

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8442
1419

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Polk</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Kansas City</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Humansville 0840</i>	
c. LENGTH OF STAY (in this place) <i>2 months</i>		d. STREET ADDRESS (If rural, give location) <i>1301 Walnut</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <i>CLARENCE</i> b. (Middle) <i>EARL</i> c. (Last) <i>LAWSON</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>3-26-52</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>2-24-1892</i>		9. AGE (In years last birthday) <i>60</i>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i> Carpenter</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Missouri 0</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>					

13a. FATHER'S NAME <i>James Lawson</i>		13b. MOTHER'S MAIDEN NAME <i>Pauline Elsie Wenger</i>		14. NAME OF HUSBAND OR WIFE <i>Lyntha Lawson</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>49610-7712</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Clarence E. Lawson Spring Hill</i>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cause of death unknown</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Probably Coronary Arteriosclerosis</i>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>4201</i>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Post Refused</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Natural</i>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>Hugh H. Owens</i> (Degree or title)		23b. ADDRESS <i>1034 Real Estate Bldg</i>		23c. DATE SIGNED <i>3-26-52</i>	
24a. DATE <i>3-26-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Humansville Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>Humansville, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>3-26-52</i>		REGISTRAR'S SIGNATURE <i>Geraldine Holmes</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Beckwith Funeral Home Humansville Mo.</i>	

(Licensed Embalmers' Statement on Reverse Side)

WRITER PLAINLY—USING UNFAADING 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

Francis S. Walter

Licensed Embalmer No.

2744

P. O. Address

R. E. 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.