

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42344**  
**5472**

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

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	
c. LENGTH OF STAY (In this place) <b>40 YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>2915 HARRISON STREET</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2915 HARRISON STREET</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b> b. (Middle) <b>D.</b> c. (Last) <b>LAWLESS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>DEC-13-1952</b>		
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5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>NOV-17-1881</b>		9. AGE (In years last birthday) <b>71</b>		10. CIPHER IN YEARS Months Days		11. CIPHER IN HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CARPENTER</b>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) <b>ARROW ROCK MISSOURI</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
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13a. FATHER'S NAME <b>D. LAWLESS</b>				13b. MOTHER'S MAIDEN NAME <b>MARTHA LAWSON</b>				14. NAME OF HUSBAND OR WIFE <b>MRS. LUCILLE LAWLESS</b>			
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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) <b>No</b>		16. SOCIAL SECURITY NO. <b>513-05-0030</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. MARTHA TAPPAN</b>		ADDRESS <b>1300 E. 85th ST. MO. KANSAS CITY, MO.</b>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary atherosclerosis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>four hours</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>						<b>4201</b>	

19a. DATE OF OPERATION <b>✓</b>		19b. MAJOR FINDINGS OF OPERATION <b>✓</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>✓</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>✓</b>	
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22. I hereby certify that I attended the deceased from **6-2**, 1945, to **Dec-13**, 1952, that I last saw the deceased alive on **12-9**, 1952, and that death occurred at **10:45A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>V. V. Harned</b> (Degree or title)		23b. ADDRESS <b>404 Withman Rd. Ar. Mo. 64112-52</b>		23c. DATE SIGNED <b>12-13-52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Country)		24b. DATE <b>DEC-15-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ARROW ROCK CEMETERY</b>		24d. LOCATION (City, town, or County) (State) <b>ARROW ROCK, MISSOURI</b>	
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DATE REC'D BY LOCAL REG. <b>12-13-52</b>		REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>D. H. Newcomer Sons</b>		ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

201207

**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

*John B. Lewis*

Licensed Embalmer No. 4875

P. O. Address KC 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.