

FILED DEC 24 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43118

State File No. \_\_\_\_\_

S. No. 300  
V. 10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 155

850  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Polaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Mo</u> b. COUNTY <u>Polaski</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-BigPiney</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-BigPiney 0852</u>	
c. LENGTH OF STAY (In this place) <u>7 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>5 mi. S.E. of BigPiney Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Edward</u> c. (Last) <u>Lawson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-5-1952</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, <input type="checkbox"/> DIVORCED (Specify)	8. DATE OF BIRTH <u>Oct 28, 1936</u>	9. AGE (In years) (Month) (Day) (Year) (Min.) <u>16</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School boy.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Bakersfield Calif</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Everett Lee Lawson</u>	13b. MOTHER'S MAIDEN NAME <u>Lillie Mae McCown</u>	14. NAME OF HUSBAND OR WIFE <u>✓</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Everett Lee Lawson</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun shot wound right side of chest</u>		
	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. <u>89198</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>43</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <u>miscellaneous for a deer</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>BigPiney Polaski Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>12 5-1952</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec 5, 1952, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 3: P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Billy Junior Helges County Coroner</u>	23b. ADDRESS <u>Crocker, Missouri</u>	23c. DATE SIGNED <u>Dec 10 52</u>
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24a. BURIAL, CREMATION, REMOVAL <u>Burial</u>	24b. DATE <u>12-9-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Licking Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Licking Mo</u>
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DATE RECD BY LOCAL REG. <u>12-15-52</u>	REGISTRAR'S SIGNATURE <u>Charles E. Anderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith-Ferguson</u>	ADDRESS <u>Licking Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

Date Filed 12-28-52  
File Number  
Washtenaw County Health Officer  
RECEIVED  
12-15-52

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 Embert E Ferguson

Licensed Embalmer No. 3945

P. O. Address Pickering Ms

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.