

S. No. 300
V. 10.48

JAN 12 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 327

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 18

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give town) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph 8117	
c. LENGTH OF STAY (In this place) 65 yrs		d. STREET ADDRESS (If rural, give location) 723 S. 11th Street	
d. FULL NAME OF HOSPITAL OR DURICAN RES. HOME INSTITUTION 723 S. 11th Street			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Lawless c. (Last) Lawless			4. DATE OF DEATH (Month) (Day) (Year) January 2, 1953		
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5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 16, 1880	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 6 MRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Blacksmith & Horse shoer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Easton, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Ely Lawless	13b. MOTHER'S MAIDEN NAME Nancy Tuck	14. NAME OF HUSBAND OR WIFE May Lawless
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Edna Vest	ADDRESS St. Joseph, Mo.
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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, asthma, 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) Cardiac Decompensation		Unk.
	ANTECEDENT CAUSES DUE TO (b) Pulmonary Fibrosis		Unknown
	DUE TO (c) Brochial Asthma		Unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 11-1, 1952, to 1-2, 1953, that I last saw the deceased alive on 12-30, 1952, and that death occurred at 12:10P m., from the causes and on the date stated above.

23a. SIGNATURE: Sharon E. Waggoner M.D. (Degree or title)	23b. ADDRESS 301 Illinois Ave. So. St. Joseph, Mo.	23c. DATE SIGNED 1-5-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 5, 1953	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.
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DATE REC'D BY LOCAL REG. Jan. 9, 1953	REGISTRAR'S SIGNATURE Carl C. Cust	25. FUNERAL DIRECTOR'S SIGNATURE Maserhoff & Fleeman	ADDRESS St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

Raymond W. Harcher

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri.

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.