

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4604

State File No.

FILED FEB 10 1953

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 26

80
2

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

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wash Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City 3108</u>	
c. LENGTH OF STAY (in this place) <u>7 mths.</u>		d. STREET ADDRESS (If rural, give location) <u>506 Park Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp 3 Nevada Mo</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>- EARL -</u> c. (Last) <u>LAWLESS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 20, 1953</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Oct 24, 1888</u>		9. AGE (In years last birthday) <u>64</u>		10. IF UNDER 1 YEAR: Days <u>7</u> Hours <u>16</u> Mins. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>George H Lawless</u>			
13b. MOTHER'S MAIDEN NAME <u>Eara A. Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Rose Lawless</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hosp 3 Nevada Mo</u> ADDRESS <u>Nevada Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		ANTECEDENT CAUSES			DUE TO (b) _____
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (c) _____		491XB			DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Luetic Meningo Encephalitis</u>			
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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		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 <u>June 7, 1952</u> to <u>Jan 20, 1953</u> , that I last saw the deceased alive on <u>Jan 20, 1953</u> and that death occurred at <u>6:55 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Paul L Barone</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>State Hosp 3 Nevada Mo</u>		23c. DATE SIGNED <u>Jan 20/53</u>	

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1-21-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cem. Kansas City Mo</u>	
24d. LOCATION (City, town, or county) (State) <u>Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard J. Ferris</u> ADDRESS <u>Las Vegas, Nevada Mo</u>			
DATE REC'D BY LOCAL REG. <u>2-3-53</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u> 451		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

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 Perry F. Melstee

Licensed Embalmer No. 4805

P. O. Address Veranda, 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.