

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6722

State File No.

FILED MAR 10 1953

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5649 Registrar's No. 5

0550

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

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Eastern</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Miller - Rural</u>		c. LENGTH OF STAY (in this place) <u>6 mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Miller Mo (Home) Lincoln Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Miller Mo - Rural</u>	
3. NAME OF DECEASED a. (First) <u>Etie</u> b. (Middle) <u>Moe</u> c. (Last) <u>LAWSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-28-53</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct-26-1879</u>
9. AGE (In years last birthday) <u>73</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	11. BIRTHPLACE (State or foreign country) <u>Park Co. Kansas, Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <u>Housewife</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Alfred</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Gibson</u>	
14. NAME OF HUSBAND OR WIFE <u>Edw. C. Lawson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm. F. Lawson Miller Mo</u>	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebratory Failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Acute Coronary Thrombosis</u> DUE TO (c) <u>Diabetes Mellitus</u> 2. OTHER SIGNIFICANT CONDITIONS <u>Arteriosclerosis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>260X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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>Jan 25, 1953</u> to <u>Feb 28, 1953</u> , that I last saw the deceased alive on <u>Feb 27, 1953</u> and that death occurred at <u>12:10 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Harold E. George</u>		23b. ADDRESS <u>Mo Union, Mo</u>	
23c. DATE SIGNED <u>3/2/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>3-2-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Manhattan, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Burney</u>	
25. DATE REC'D BY LOCAL REG. <u>3-2-53</u>		26. FUNERAL DIRECTOR'S ADDRESS <u>1578 - 0</u>	

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed W. H. Fessett

Licensed Embalmer No. 2201

P. O. Address W. H. Fessett, 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.