S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10666

FILED MAR 30 1953

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5785 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bertrand
c. LENGTH OF STAY (In this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Mississippi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Charleston 0672
d. STREET ADDRESS (If rural, give location): 602 Cypress St. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Savannah
b. (Middle):
c. (Last): Lawton

4. DATE OF DEATH (Month) (Day) (Year): Feb. 23, 1953

5. SEX: Female 3
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 2, 1867
9. AGE (In years last birthday): 85 — If under 1 year: Months 7, Days 21 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: ———
11. BIRTHPLACE (City and State or Foreign Country): Mississippi
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Church Johnson
13b. MOTHER'S MAIDEN NAME: Unk.
14. NAME OF HUSBAND OR WIFE: James Lawton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ———
16. SOCIAL SECURITY NO.: ———
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Clarence Coleman, R.1, Bertrand, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease — Interval between onset and death: 7 mons

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Nephritis — 10 mons
DUE TO (c) — Nat

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 592 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-12-, 1952 *to* 1-6-, 1953, *that I last saw the deceased alive on* Jan 6-, 1953, *and that death occurred at* 12:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. A. Fingal (Degree or title) MD
23b. ADDRESS: 204 Locust St. Charleston Mo.
23c. DATE SIGNED: 2-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 25, 1953
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State): Charleston, Missouri

DATE REC'D BY LOCAL REG.: 3-24-53
REGISTRAR'S SIGNATURE: Jean Fancher 480-1
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: F. J. Sparks, Charleston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAR 26 REC'D

RECEIVED
Miss. Co. Health Dept
County File No. _____
Date Filed MAR 27 1959

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: Frank Sparko

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau 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.