

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16849

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6225</u>		Registrar's No. <u>73</u>	
1. PLACE OF DEATH a. COUNTY <u>Kernov.</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) <u>Beck Township</u>		c. LENGTH OF STAY (In this place) <u>4-8-53</u>		c. CITY (If outside corporate limits, write RURAL and give township): <u>County Home</u>		7000	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 3</u>				d. STREET ADDRESS (If rural, give location) <u>Unknown</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>			b. (Middle) <u>E</u>		c. (Last) <u>Lawton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 12 53</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct 18-1867</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Month <u>6</u>	IF UNDER 24 HRS. Days <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Fort Scott Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Orlando Lawton</u>			13b. MOTHER'S MAIDEN NAME <u>Rozetta Barber</u>		14. NAME OF HUSBAND OR WIFE <u>Ida Lawton</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>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Records State Hospital # 3 Nevada 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u>					
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile Psychosis</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) <u>4200</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4-11</u> , 19 <u>53</u> , to <u>4-12</u> , 19 <u>53</u> ; that I last saw the deceased alive on <u>4-12</u> , 19 <u>53</u> and that death occurred at <u>7 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>George H. Heeler Wilson M.D.</u>				23b. ADDRESS <u>State Hospital # 3</u>		23c. DATE SIGNED <u>April 17/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>April 15 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lee Summit</u>		24d. LOCATION (City, town, or county) (State) <u>Lee Summit Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-13-53</u>		REGISTRAR'S SIGNATURE <u>Anna E. Perry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Langford</u>		ADDRESS <u>Lee Summit Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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FILED APR 21 1953

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 B. J. Lindley

Licensed Embalmer No. 4822

P. O. Address Leet Summit

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.