

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18122

State File No. ....

2724

FILED JUN 9 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>50 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1020 Forest</b>		d. STREET ADDRESS (If rural, give location) <b>1020 Forest</b>		3. NAME OF DECEASED a. (First) <b>William</b>	
b. (Middle) <b>Edward</b>		c. (Last) <b>Lawson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 27 1953</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married /</b>	
8. DATE OF BIRTH <b>Jan 5 1879</b>		9. AGE (In years last birthday) <b>74</b>		10. IF UNDER 1 YEAR: Months Days 11. IF UNDER 1 Mth.: Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Archie, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Alex Lawson</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Sayer</b>	
14. NAME OF HUSBAND OR WIFE <b>Mary Lawson</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>500-03-6670</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mary Lawson</b>		ADDRESS <b>1020 Forest Kas. City, Mo.</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Atherosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 Mo.</b> <b>6 Mo.</b> <b>4201</b>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <b>March, 1951</b> , to <b>May 27, 1953</b> , that I last saw the deceased alive on <b>5-24, 1953</b> , and that death occurred at <b>6:15 A.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>C. M. Pierce</b>		23b. ADDRESS <b>Turner, Kansas</b>		23c. DATE SIGNED <b>5-28-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 29 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill Ce m.</b>	
24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Heraldine Smith</b>		ADDRESS <b>Mrs C.L.Forster 918 Brooklyn Kas. City, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>5-28-53</b>		REGISTRAR'S SIGNATURE <b>Heraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Mrs C.L.Forster</b>	

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

**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 Dean Owens

Licensed Embalmer No. 4280

P. O. Address N. C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.