

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18419

FILED JUN 8 1953

State File No. \_\_\_\_\_  
Registrar's No. 277

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. \_\_\_\_\_

195  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived, if not usual, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin</b>	
c. LENGTH OF STAY (In this place) <b>8 Days</b>		d. STREET ADDRESS (If rural, give location) <b>311 East 12th Street.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St John's Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Elmer</b> b. (Middle) <b>Lawson</b> c. (Last) <b>Lawson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5-24-1953</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>5-25-1873</b>		9. AGE (In years last birthday) <b>79</b>		10. CITIZEN OF WHAT COUNTRY? <b>U</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoe-Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Knapp Shoe Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Springfield, Missouri</b>	

13a. FATHER'S NAME <b>Alexander Lawson</b>		13b. MOTHER'S MAIDEN NAME <b>DK</b>		14. NAME OF HUSBAND OR WIFE <b>Irene D. Lawson</b>	
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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>495-36-3407</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Irene D. Lawson</b> ADDRESS <b>311 E. 12th., Joplin, Mo</b>	
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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) <b>Acute dilation of the heart</b>  ANTECEDENT CAUSES <b>Arterial hypertension</b> <b>Shock, result of fracture left femur and surgical repair</b>  DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b> <b>Several years</b> <b>About 6 days</b>	
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19a. DATE OF OPERATION <b>5-19-53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Comminuted fracture, upper third left femur</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE <b>X</b> (Specify) <b>Fell</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Joplin Jasper Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Inebriated and fell at door</b>	

22. I hereby certify that I attended the deceased from **5-16**, 19**53**, to **5-24**, 19**53**, that I last saw the deceased alive on **5-24**, 19**53** and that death occurred at **5:00 P.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>[Signature]</b>		23b. ADDRESS <b>110 Jackson, Joplin, Mo.</b>		23c. DATE SIGNED <b>5-26-53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-27-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Osborne Memorial Park</b>	
				24d. LOCATION (City, town, or county) (State) <b>Joplin, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>6-5-53</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thornhill-Dillon Mortuary, Joplin, Mo</b> ADDRESS _____	
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RECEIVED 6-6-53  
Jasper County Health Office

County File Number 53-6-487

Date Filed 6-8-53

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed..... *William E. Hudleston*  
William E. Hudleston

Licensed Embalmer No. 4740

P. O. Address Joplin, Missouri

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.