

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20598

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

FILED JUL 7 - 1953

State File No. 20598
REGISTRAR'S No. 481

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. ~~4005~~ 5010

1. PLACE OF DEATH a. COUNTY Andrew		2. USUAL RESIDENCE (Where deceased lived, or if institution: residence before admission) a. STATE Missouri b. COUNTY Andrew	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rosendale-rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rosendale-rural	
c. LENGTH OF STAY (in this place) 10 yrs		d. STREET ADDRESS (If rural, give location) 0020	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) E.	c. (Last) LAWSON	4. DATE OF DEATH (Month) (Day) (Year) 7-2-1953
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 11-18-1917	9. AGE (In years last birthday) 35	if UNDER 1 YEAR Months	if UNDER 1 YEAR Days	if UNDER 1 YEAR Hours	if UNDER 1 YEAR Min.
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10a. OCCUPATION (Give kind of work or the most of working life, or if retired)	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Skidmore-Mo-0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Edward W. Lawson	13b. MOTHER'S MAIDEN NAME Flora Stone	14. NAME OF HUSBAND OR WIFE Ella Grace Lawson
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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) No	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Grace Lawson	ADDRESS Rosendale Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		18. INTERVAL BETWEEN ONSET AND DEATH instant
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pierced jugular vein -		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) internal hemorrhage in chest & shoulder, pyrex DUE TO (c) grindstone disintegrated		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rosendale Andrew Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-2-1953-8P	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR grindstone broke - struck him in face & neck -
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8p m.**, from the causes and on the date stated above.

23a. SIGNATURE V. E. Wilson, M.D.	(Degree or title)	23b. ADDRESS Rosendale Mo	23c. DATE SIGNED 7/2/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7-5-1953	24c. NAME OF CEMETERY OR CREMATORY Graham Cem -	24d. LOCATION (City, town, or county) (State) Graham - Mo -
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DATE REC'D BY LOCAL REG. 7-4-53	REGISTRAR'S SIGNATURE H. L. Sparks	25. FUNERAL DIRECTOR'S SIGNATURE S. M. Wilson	ADDRESS Rosendale Mo
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AUG 31 1955

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 G. M. Atkinson

Licensed Embalmer No. 2379

P. O. Address Maryville, 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.