

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39450**

FILED NOV 27 1953

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>510</u>			
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. LENGTH OF STAY (in this place) <u>few min.</u>		c. CITY OR TOWN <u>Neosho</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Greenman Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Route 1</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u>			b. (Middle) <u>ALMOND</u>		c. (Last) <u>LAWSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 10, 1953</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>married</u> (Specify)		8. DATE OF BIRTH <u>Jan. 1, 1883</u>		9. AGE (In years last birthday) <u>70</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>lead & zinc</u>		11. BIRTHPLACE (City and State or foreign Country) <u>Spurgeon, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Edmond Lawson</u>			13b. MOTHER'S MAIDEN NAME <u>Cyphus Jane Baxter</u>		14. NAME OF HUSBAND OR WIFE <u>Grace Ethel Lawson</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Grace Ethel Lawson</u> ADDRESS <u>Rt. 1, Neosho</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rs Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiac Hypertrophy 4 yrs.</u> DUE TO (c) <u>Chronic Pyelonephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>1949 -</u> <u>3 yrs -</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) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>6000</u>					
22. I hereby certify that I attended the deceased from <u>4-5-50</u> 19 <u>50</u> , to <u>11-10-53</u> 19 <u>53</u> , that I last saw the deceased alive on <u>11-10-53</u> , and that death occurred at <u>9:30p</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Walter Howard</u> (Degree or title) _____			23b. ADDRESS <u>M.D. Fisco Bldg Joplin Mo.</u>			23c. DATE SIGNED <u>11-12-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-12-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OSBORNE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>11-16-53</u>		REGISTRAR'S SIGNATURE <u>W. S. James</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Steve Parker</u> ADDRESS <u>Mortuary, Joplin, Mo.</u>					

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

RECEIVED NOV 25 1953

Jasper County Health Office

County File Number ⁷²⁹ _____
Date Filed NOV 25 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 _____
Signature of Student Embalmer

Signed F. M. Jones _____
Licensed Embalmer No. 231

P. O. Address Joplin

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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