

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

624

State File No.

FILED FEB 9 1954 BIRTH NO. REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5289 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) Claycoma		c. CITY (If outside corporate limits, write RURAL and give township) Olathe	
c. LENGTH OF STAY (In this place) 4 Weeks		d. STREET ADDRESS (If rural, give location) 510 West Park	
d. FULL NAME OF HOSPITAL OR INSTITUTION		815-08	

3. NAME OF DECEASED (Type or Print) a. (First) Morley b. (Middle) Howard c. (Last) Lawellin			4. DATE OF DEATH (Month) (Day) (Year) Jan 31 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Jan 27 1896		9. AGE (In years last birthday) 58		10. IF UNDER 1 YEAR Months 0 Days 4 IF UNDER 12 HRS. Hours 4 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Oklahoma, Goltry
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Robert Lawellin		13b. MOTHER'S MAIDEN NAME Florence Craig		14. NAME OF HUSBAND OR WIFE Dec Lawellin	
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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)		16. SOCIAL SECURITY NO. 513-05-4805		17. INFORMANT'S SIGNATURE OR NAME ADDRESS DEE. Lawellin 510W Park	
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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) Coronary Occlusion ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS-- Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 July 1953, to 1-31, 1954, that I last saw the deceased alive on 1-23, 1954, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Arthur L. Fincomb, M.D.		23b. ADDRESS 133 1/2 E. Park, Olathe, Kas		23c. DATE SIGNED 2/1/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/31/54		24c. NAME OF CEMETERY OR CREMATORY Goltry Cemetery		24d. LOCATION (City, town, or county) (State) Goltry, alfalfa County Okla.	
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DATE REC'D BY LOCAL REG. 2-3-54		REGISTRAR'S SIGNATURE Marguerite Hudgens		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. E. JULIEN Olathe, Kansas	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 17 1954

APR 6 1954

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

Chester L. Fleming

Licensed Embalmer No. *27569*

P. O. Address *Clatke, Kans*

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.