

FILED JUL 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19341**

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 282

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. CITY OR TOWN JOPLIN	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 DAYS		e. STREET ADDRESS (If rural, give location) 1415 WEST 20TH ST. 04950	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) HARRY	b. (Middle) HANSFORD	c. (Last) LAWING	(Month) JUNE	(Day) 25	(Year) 1954
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 27, 1877	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REPRESENTATIVE		10b. KIND OF BUSINESS OR INDUSTRY MORTON SALT CO.		11. BIRTHPLACE (City and State or Foreign Country) MELROSE, KANSAS	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME STEPHEN LAWING		13b. MOTHER'S MAIDEN NAME ABAGAIL WRIGHTMAN		14. NAME OF HUSBAND OR WIFE MRS. LULA LAWING	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNK		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS MRS. LULA LAWING- 1415 W. 20TH ST.	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Tongue		INTERVAL BETWEEN ONSET AND DEATH 6 MONTHS	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Generalized arteriosclerosis			
		DUE TO (b) Arteriosclerosis (Generalized)		5 yrs.	
		DUE TO (c) Cardiomegaly		Unknown	
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 141 X		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) _____		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 19 1948, to 6/25 1954, that I last saw the deceased alive on June 25 1954, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) _____		23b. ADDRESS 421 Frisco Bldg, Joplin, Mo		23c. DATE SIGNED 6/26/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-28-54		24c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK		24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI	
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DATE REC'D BY LOCAL REG. 6-29-54		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUL 6 1954
Jasper County Health Office
County File Number 510
Date Filed JUL 6 1954

FEB 8 1955

JUL 22 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.....
Signature of Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

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.