

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39906

State File No.

FILED NOV 30 1954

BIRTH NO. _____ REG. DIST. NO. 356 PRIMARY REG. DIST. NO. 6209 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>WRIGHT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PINEY TOP.</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DAWSON, MO.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 mi. S.W. of Houston</u>		d. STREET ADDRESS (If rural, give location) <u>1111 1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CONNIE</u>	b. (Middle) <u>REED</u>	c. (Last) <u>LAWSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 12-54</u>
-------------------------------------	--------------------------	-------------------------	-------------------------	---

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>7-27-32</u>	9. AGE (In years last birthday) <u>22</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	Min.
-----------------	---------------------------	---	---------------------------------	---	------------------------	-----------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ARMY</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>ARMY</u>	11. BIRTHPLACE (State or foreign country) <u>MTN. GROVE, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	--	---

13a. FATHER'S NAME <u>ARCHIE LAWSON</u>	13b. MOTHER'S MAIDEN NAME <u>IVA ELLIS</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
---	--	---

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.	17. INFORMANT'S SIGNATURE OR NAME	ADDRESS
--	-------------------------	-----------------------------------	---------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diastolic weak, head injuries</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chest injuries</u> DUE TO (c) <u>thrown out of car</u>		
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"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 63</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>PINEY</u> (COUNTY) <u>107</u> (STATE) <u>TEXAS, MO.</u>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 12-54 11:30pm</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car accident 5 mi. S.W. of Houston</u>
---	---	--

22. I hereby certify that I viewed the deceased VIEWED on Nov. 12, 1954, to Nov. 14, 1954, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>James L. Hentz (Coroner)</u> (Degree or title)	23b. ADDRESS <u>Calool, MO.</u>	23c. DATE SIGNED <u>11-15-54</u>
--	---------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-14-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Friendship</u>	24d. LOCATION (City, town, or county) (State) <u>Wright Co. MO.</u>
---	---------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Nov. 24-54</u>	REGISTRAR'S SIGNATURE <u>Myrtle Craig</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R.W. Barber</u>	ADDRESS <u>Mtn. Home</u>
--	---	---	--------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

670

DEC 2 1984

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 RWT Barber

Licensed Embalmer No. 3848

P. O. Address City, State

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.