

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1927

State File No.

FILED FEB 15 1955

BIRTH NO. _____ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 5867 Registrar's No. 7

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

1. PLACE OF DEATH a. COUNTY <u>Oregon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thayer (Rural)</u>		c. LENGTH OF STAY (in this place) <u>70 yrs.</u>	c. CITY OR TOWN <u>Thayer</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>RILEY</u> c. (Last) <u>LAWSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 3, 1955</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>MARRIED</u>	8. DATE OF BIRTH <u>August 15, 1872</u>
9. AGE (in years last birthday) <u>82</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Crawford Co., Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Lawson</u>	
13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Martha Dunkin Lawson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Martha Lawson</u>		ADDRESS <u>Thayer, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Senility</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Senile Dementia</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"/>		<u>304X</u>	
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 <u>Jan 1, 1953</u> , to <u>Feb 3, 1955</u> , that I last saw the deceased alive on <u>Feb 5, 1955</u> , and that death occurred at <u>8:15 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree of title) <u>W. Cooper M.D.</u>		23b. ADDRESS <u>Thayer Mo</u>	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-6-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Riverside Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mammoth Spring, Ark.</u>	
DATE REC'D BY LOCAL REG. <u>2-12-55</u>		REGISTRAR'S SIGNATURE <u>Arthur Wolff</u>	
465 700		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edward Curtis Thayer, M.D.</u>	
ADDRESS			

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 *[Handwritten Signature]*.....

Licensed Embalmer No. *4576*

P. O. Address *[Handwritten Address]*

**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.**