

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 12379

FILED MAY 3 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 59

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY JASPER				a. STATE MISSOURI		b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give town) WEBB CITY		c. LENGTH OF STAY (in this place) 30 PRS		c. CITY (If outside corporate limits, write RURAL and give township) WEBB CITY			
d. FULL NAME OF HOSPITAL OR INSTITUTION 527 SOUTH WALKER				d. STREET ADDRESS (If rural, give location) 527 S. WALKER			
3. NAME OF DECEASED		a. (First) DENNIS		b. (Middle) OLIVER		c. (Last) LAWSON	
(Type or Print)						4. DATE OF DEATH	
						APRIL 29 1955	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH DECEMBER 31, 1878	
						9. AGE (In years last birthday) 76	
						# UNDER 1 YEAR 3	
						# UNDER 6 Wks. 28	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CLERK				10b. KIND OF BUSINESS OR INDUSTRY CLERK HARDWARE STORE		11. BIRTHPLACE (State or foreign country) LAWRENCE, COUNTY MISSOURI	
						12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME CHARLES LAWSON				13b. MOTHER'S MAIDEN NAME ANNA PARKS		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO				16. SOCIAL SECURITY NO. 487-01-4664		17. INFORMANT'S SIGNATURE OR NAME MISS CORNELIA LAWSON	
						ADDRESS WEBB CITY, MO.	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia				6 days	
		ANTECEDENT CAUSES				6 months	
		DUE TO (b) Hydronephrosis				3 years	
		DUE TO (c) Urinary Retention and Prostatic Enlargement					
		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"/>	
						610 X	
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) m.		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 4-13-1955, to 4-29-1955, that I last saw the deceased alive on 4-15-1955, and that death occurred at 10:30A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. Gregory, 2nd				23b. ADDRESS 624 W. Broadway, Webb City, Mo.		23c. DATE SIGNED 4/30/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 1, 1955		24c. NAME OF CEMETERY OR CREMATORY CARTERSVILLE CEMETERY		24d. LOCATION (City, town, or county) (State) CARTERSVILLE, MISSOURI	
DATE REC'D BY LOCAL REG. 4-30-55		REGISTRAR'S SIGNATURE Mrs. Madeline Switzer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO			

(Licensed Emballer's Statement on Reverse Side)

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

County File Number  
Date Filed  
MAY 2 1961

DEC 6 1961

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 *Leonard Lewis Jr*

Licensed Embalmer No. *44561*

P. O. Address *Wahl City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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