

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30273**

BIRTH NO: **58172-55** REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **5836** Registrar's No. **89**

1. PLACE OF DEATH a. COUNTY NEWTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY NEWTON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEOSHO		c. CITY OR TOWN NEOSHO	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) PINEVILLE ROAD	
d. FULL NAME OF HOSPITAL OR INSTITUTION PINEVILLE ROAD			

3. NAME OF DECEASED (Type or Print) a. (First) RACHEL b. (Middle) ANN c. (Last) LAWSON			4. DATE OF DEATH (Month) (Day) (Year) Sept 14, 1955		
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT	8. DATE OF BIRTH Sept 13, 1955	9. AGE (In years last birthday)	IF UNDER 1 YEAR (Months) (Days)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) NEOSHO MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME ANDREW LAWSON	13b. MOTHER'S MAIDEN NAME JAREVA HOOVER	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. NONE	17. INFORMANT'S SIGNATURE OR NAME ANDREW LAWSON ADDRESS NEOSHO MO

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 17 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) atelectasis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 7620		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	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 **9-13**, 1955, to **9-14**, 1955, that I last saw the deceased alive on **9-14**, 1955, and that death occurred at **11:30 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Melvin McCallough, D.O.		23b. ADDRESS 4206 Sherman St. Neosho Mo	23c. DATE SIGNED 9-19-55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-15-1955	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F.	24d. LOCATION (City, town, or county) (State) NEOSHO MISSOURI
DATE REC'D BY LOCAL REG. 9/19/55	REGISTRAR'S SIGNATURE Melvin C. Bowman	25. FUNERAL DIRECTOR'S SIGNATURE Dorey Thompson	ADDRESS Neosho Mo

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

RECEIVED

View No. _____

Distinction File No. _____

Date Filed **SEP 1955**

NEWTON COUNTY HEALTH

NEOSHO, MISSOURI

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 *Carley Thompson*

Licensed Embalmer No. *4836*

P. O. Address *Neosho,*

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.