

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32593

FILED NOV 7 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>MO.</u> b. COUNTY <u>DeKalb</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cameron</u>	c. LENGTH OF STAY (In this place) <u>1 hour</u>	c. CITY OR TOWN <u>Rural</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>3 mi N. of Osborn</u>	

3. NAME OF DECEASED a. (First) <u>JAMES</u> b. (Middle) <u>A</u> c. (Last) <u>LAWSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 28 55</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 18-1871</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Saw</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Fulton Co. Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Simon Frederick Lawson</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Blair</u>		14. NAME OF HUSBAND OR WIFE <u>ETHEL EDIE LAWSON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. Frederick Lawson</u>		ADDRESS <u>Polo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Plumage into lungs, Broken Ribs, & Back</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour & 20 minutes</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>8124</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>25</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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>street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Osborn Clinton MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-28-55-7:45 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Hit by car while crossing street</u>

22. I hereby certify that I attended the deceased from 10-28, 1955, to 10-28, 1955, that I last saw the deceased alive on 10-28, 1955, and that death occurred at 8:50 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B. Wetherston MD</u>		23b. ADDRESS <u>Cameron MO</u>		23c. DATE SIGNED <u>10-28-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-31-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Osborn</u>	24d. LOCATION (City, town, or county) (State) <u>Osborn MO</u>		
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DATE REC'D BY LOCAL REG. <u>11-3-55</u>	REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u>		390. FUNERAL DIRECTOR'S SIGNATURE <u>Poland Funeral Home</u>		ADDRESS <u>Cameron</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 8 1958

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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 *Robert F. Polrud*

Licensed Embalmer No. *479*
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P. O. Address *Lowell*

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.