

FILED NOV 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33749

State File No.

BIRTH NO. REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 450

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. LENGTH OF STAY (in this place) <u>3 Days</u>	c. CITY OR TOWN <u>Joplin</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fremman Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) <u>1024 West 3rd St.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Thomas</u>	b. (Middle) <u>Wickerson</u>	c. (Last) <u>Lawson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11-2-1955</u>
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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>3-20-1881</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work (None of time most of working life, even if retired) <u>Railroad Railroads</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mc Donald Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Lawson</u>	13b. FATHER'S MAIDEN NAME <u>Polly Ann Strait</u>	14. NAME OF HUSBAND OR WIFE <u>Annie Lawson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y, N, or unknown) (If yes, give war or dates of service) <u>No none</u>	16. SOCIAL SECURITY NO. <u>500-09-2261</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Annie Lawson-1024 W 3rd - Joplin Mo</u>	ADDRESS
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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>Cerebral Vascular Accident</u>		<u>3 Days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension as Cerebral Vascular Disease</u> DUE TO (c) <u>Nephrosclerosis</u>		<u>for years</u> <u>for years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Varicella 442 X</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 10/30/55, 1955, to 11/2/55, 1955, that I last saw the deceased alive on 11/2/55, 1955, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thomas W. Aldrey M.D.</u>	23b. ADDRESS <u>321 Frisco Building Joplin, Missouri</u>	23c. DATE SIGNED <u>11/3/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-4-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Libson Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Neosho, Mo</u>
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DATE REC'D BY LOCAL REG. <u>11-7-55</u>	REGISTRAR'S SIGNATURE <u>J. D. James</u>	FEDERAL DIRECTOR'S SIGNATURE <u>Thombley - Dillon</u>	ADDRESS <u>Joplin Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED NOV 14 1955
Justice County Health Office
County File Number 55-11-766
Date Filed NOV 14 1955

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 David Dillon.....

Licensed Embalmer No. 388

P. O. Address Joplin, Mo

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.