

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37218

State File No.

FILED NOV 22 1955

BIRTH NO.		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>462</u>	
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 town) OR TOWN <u>Joplin</u>		c. LENGTH OF STAY (in this place) <u>D. O.</u>		c. CITY OR TOWN <u>Joplin,</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St John's Hospital</u>				STREET ADDRESS (If rural, give location) <u>2506 Jackson Ave.,</u> 049-0			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> b. (Middle) <u>Ernest</u> c. (Last) <u>Lawson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-8-1955</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>9-2-1894</u>	
9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months <u></u> Days <u></u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Watchman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Davison Chemical</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Richland, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>William A. Lawson</u>			13b. MOTHER'S MAIDEN NAME <u>Clara Keyes</u>		14. NAME OF HUSBAND OR WIFE <u>Elsie Lawson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW # 1</u>		16. SOCIAL SECURITY NO. <u>506-03-4809</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elsie M. Lawson</u> ADDRESS <u>2506 Jackson, Joplin,</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerosis heart disease</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> 4200					INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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>Nov 8, 1955</u> , to <u>Nov 8, 1955</u> , that I last saw the deceased alive on <u>2 Nov 2:15 AM, 1955</u> , and that death occurred at <u>5:30 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Donald R. Patterson, MD.</u>				23b. ADDRESS <u>Frison Bldg Joplin, Mo</u>		23c. DATE SIGNED <u>Nov 12, 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-11-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Osborn Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin, Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-15-55</u>		REGISTRAR'S SIGNATURE <u>John S. James</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thornhill-Dillon</u>		ADDRESS <u>Joplin, Mo</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 21 1955
Asper County Health Office
County File Number 55-11-785
Date Filed NOV 21 1955

JAN 26 1956

FEB 30 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 DeLeon*

Licensed Embalmer No. 389

P. O. Address *John W.*

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.