

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Sept. 16

41628

State File No.

FILED JAN 16 1956

BIRTH NO. 58635-55 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY OR TOWN <u>Waynesville</u>	c. LENGTH OF STAY (in this place) <u>24 HRS</u>	c. CITY OR TOWN <u>Waynesville</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>Waynesville Gen. Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>RURAL Rt # 2</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>LARRY</u>	b. (Middle) <u>EDWARD</u>	c. (Last) <u>LAWSON</u>	(Month) <u>Dec</u>	(Day) <u>30</u>	(Year) <u>1955</u>

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>Sept 16 1955</u>	9. AGE (In years last birthday)	if UNDER 1 YEAR	if UNDER 2 HRS.
				<u>9</u>	Months	Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Waynesville Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	--	---

13a. FATHER'S NAME <u>Sherman Lee Lawson</u>	13b. MOTHER'S MAIDEN NAME <u>Maxine Louise Portiner</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sherman Lee Lawson</u>	ADDRESS <u>Waynesville MO</u>
---	-------------------------------------	---	-------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute encephalitis</u>		
	ANTECEDENT CAUSES		
	Morbidity 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.		

19a. DATE OF OPERATION <u>Dec 30 55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Swollen brain - some petechial hemorrhages</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	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 Dec 29, 1955, to Dec 30, 1955 that I last saw the deceased alive on Dec 30, 1955, and that death occurred at 8:30 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. E. Dummer</u>	23b. ADDRESS <u>Waynesville, Missouri</u>	23c. DATE SIGNED <u>Dec 30 58</u>
--	---	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 31 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hazelgreen Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hazelgreen Missouri</u>
---	------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>1-1-56</u>	REGISTRAR'S SIGNATURE <u>Paula Spaul Anderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>HEDGES FUNERAL HOMES WAYNESVILLE</u>	ADDRESS <u>Waynesville</u>
--	---	--	----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 1-7-56
File Number
City Health Office
1-1-56

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 *Clarence D. Moss*.....

Licensed Embalmer No. *978*

P. O. Address *Way...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.