

FILED JAN 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3647

BIRTH NO. _____		REG. DIST. NO. 371		PRIMARY REG. DIST. NO. 6260		Registrar's No. 4			
1. PLACE OF DEATH a. COUNTY Webster				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Webster					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		c. LENGTH OF STAY (In this place) Life		c. CITY OR TOWN Rural		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 E. Dallas township				e. STREET ADDRESS (If rural, give location) E. Dallas township					
3. NAME OF DECEASED (Type or Print) a. (First) Robe - b. (Middle) Umphres - c. (Last) Lawson			4. DATE OF DEATH (Month) (Day) (Year) Jan. 11-1956						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) married		8. DATE OF BIRTH March 30-1885			
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (City and State or Foreign Country) Webster County - Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Thomas Lawson			13b. MOTHER'S MAIDEN NAME Louisa Burks		14. NAME OF HUSBAND OR WIFE Etta Lawson				
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 Mrs. Etta Lawson-Fordland, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension. DUE TO (c) Arterio-sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None. 331x				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No fracture				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) 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 Dec 10, 1955, to Jan 11, 1956, that I last saw the deceased alive on 1/3, 1956, and that death occurred at 6:00 A.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) A. R. Schultz, M.D.				23b. ADDRESS Fordland, Mo.		23c. DATE SIGNED 1/16/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 15-1956		24c. NAME OF CEMETERY OR-CREMATORY Fordland Cemetery		24d. LOCATION (City, town, or county) (State) Fordland, Missouri.			
DATE REC'D BY LOCAL REG. 1-18-56		REGISTRAR'S SIGNATURE Opal M. Good 34270		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Tex Sauney Springfield, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

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 Alex. Lauer

Licensed Embalmer No. 3312

P. O. Address Springfield

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.