

FILED MAR 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9948**

BIRTH NO. _____		REG. DIST. NO. <b>243</b>		PRIMARY REG. DIST. NO. <b>4364</b>		Registrar's No. <b>5</b>		
1. PLACE OF DEATH a. COUNTY <b>Newton</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>McDonald</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Stella, Mo.</b>		c. LENGTH OF STAY (In this place) <b>1 Day</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Powell</b>		d. STREET ADDRESS (If rural, give location) <b>06<sup>th</sup></b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Cardwell Hospital</b>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Floya</b>			b. (Middle) <b>Eva</b>		c. (Last) <b>Lawson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Febr. 27 1956</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, ( ) WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>March 12 1904</b>		
9. AGE (In years last birthday) <b>51</b>		10. MONTH ( ) DAY ( ) YEAR ( ) <b>11 15</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Powell Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House keeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housekeeper</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Powell Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>		
13a. FATHER'S NAME <b>Jasper L. Lawson</b>			13b. MOTHER'S MAIDEN NAME <b>Lucy King</b>		14. NAME OF HUSBAND OR WIFE <b>Single</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Oma Corner</b>		ADDRESS <b>Stella, Mo.</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ INTERVAL BETWEEN ONSET AND DEATH _____								
*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) <b>Carcinoma of Breast</b> DUE TO (c) <b>Liver, Stomach &amp; Progn</b> INTERVAL BETWEEN ONSET AND DEATH <b>6 Months</b>								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>170x</b>					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 <b>10-26-1955</b> to <b>2-27-1956</b> , that I last saw the deceased alive on <b>2-27-1956</b> , and that death occurred at <b>2:45 A.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Cardwell M.D.</b>				23b. ADDRESS <b>Stella Mo</b>		23c. DATE SIGNED <b>2/28/56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-29-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Union Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Stella, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>3-8-1956</b>		REGISTRAR'S SIGNATURE <b>Alpha Dyer</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wm. Morris Pope Wheaton Mo</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

NEOSHO COUNTY HEALTH UNIT

NEOSHO, MISSOURI

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 .....  
Student Embalmer

Signed

*W. M. Mason*

Licensed Embalmer No. *3442*

P. O. Address

*Wheaton, 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 this body is not embalmed, fact should be so stated above.