

FILED APR 18 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12307

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Butler		c. CITY OR TOWN Archie 3 miles N.	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 days		e. STREET ADDRESS (If rural, give location) 01901	
d. FULL NAME OF HOSPITAL OR INSTITUTION Butler Memorial Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Chester b. (Middle) A. c. (Last) Mawson			4. DATE OF DEATH April 8 1956 (Month) (Day) (Year)		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 14 1885	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 8 Days 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Near Archie, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Mawson		13b. MOTHER'S MAIDEN NAME Mary Tillison		14. NAME OF HUSBAND OR WIFE Leta Maude (Hodges) Mawson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. 494-40-4798		17. INFORMANT'S SIGNATURE OR NAME Mrs. Leta Maude Mawson Archie, 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, asthenia, 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) <i>Cerebro-Vascular</i>		
	ANTECEDENT CAUSES *Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Accident -</i> DUE TO (c) <i>Myocardial infarction - cerebral hemorrhage</i>		
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 331X		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 <i>April 6, 1956</i> to <i>April 8, 1956</i> , that I last saw the deceased alive on <i>April 7, 1956</i> , and that death occurred at <i>6:00 A.M.</i> , from the causes and on the date stated above.					

23a. SIGNATURE <i>Charles A. Lusk Jr. M.D.</i>		(Degree or title) <i>M.D.</i>		23b. ADDRESS <i>Butler, Mo.</i>		23c. DATE SIGNED <i>4/12/56</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 10 1956		24c. NAME OF CEMETERY OR CREMATORY Crescent Hill Cemetery		24d. LOCATION (City, town, or county) (State) Near Adrian, MO.	

DATE REC'D BY LOCAL REG. <i>April 12-56</i>		REGISTRAR'S SIGNATURE <i>Rendell KERRY</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Atkinson Brothers</i>		ADDRESS <i>Archie, Mo.</i>	
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(Licensee 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 *Robert W. Atkinson*.....

Licensed Embalmer No. *490*.....

P. O. Address *Harrison*.....

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.