

THE DIVISION OF HEALTH OF MISSOURI
FILED APR 18 1956 STANDARD CERTIFICATE OF DEATH

State File No. **13358**
Registrar's No. **1355**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>81 YEARS</u>		STREET ADDRESS (If rural, give location) <u>4414 EAST 24th STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4414 EAST 24th STREET</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>SAMUEL</u> b. (Middle) <u>Hudson</u> c. (Last) <u>LAWSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 27, 1956</u>
---	--

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>SEPT. 4-1874</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____
--------------------	-------------------------------	---	--------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>VETERINARIAN</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	--	--

13a. FATHER'S NAME <u>WALLACE LAWSON</u>	13b. MOTHER'S MAIDEN NAME <u>MARTHA J. CAMPBELL</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. LILLIAN LAWSON</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>WALLACE G. LAWSON</u>	ADDRESS <u>4414 EAST 24th ST. KANSAS CITY MO.</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, asthma, 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) <u>Coronary Occlusion</u>		<u>20 min</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Coronary Insufficiency</u> DUE TO (c) <u>Myocardial Degeneration</u>		<u>1 year</u> <u>2 year</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial Fibrosis.</u>		<u>2 yr 2 mo</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input 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 1-4, 1955, to 3-26, 1956, that I last saw the deceased alive on March 27, 1956, and that death occurred at 6:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. W. Thompson D.O.</u>	23b. ADDRESS <u>6218 Prospect K.C. Mo</u>	23c. DATE SIGNED <u>MAR. 28-1956</u>
--	---	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAR 29-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BROOKINGS CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
---	------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>3-29-56</u>	REGISTRAR'S SIGNATURE <u>Wm. W. Thompson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. NEWCOMER'S SONS</u>	ADDRESS <u>1337 BRWA CREEK KANSAS CITY, Mo.</u>
---	--	--	---

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD Wm. W. Thompson

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 *Richard L. Hayes*.....

Licensed Embalmer No. *4453*

P. O. Address *K-C, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.