

FILED APR 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13657**

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 5568		Registrar's No. 163					
1. PLACE OF DEATH a. COUNTY Jackson (Rural) (Blue)				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give town) Independence		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Kansas City		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION Four Pines Rest Home				f. STREET ADDRESS (If rural, give location) 5400 East 25th St				g. CITY OR TOWN Independence			
3. NAME OF DECEASED (Type or Print) a. (First) Ella			b. (Middle) B.			c. (Last) Lawson			4. DATE OF DEATH (Month) (Day) (Year) April 7-1956		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 31-1876		9. AGE (In years last birthday) 80			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (City and State or Foreign Country) Illinois		12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME John M. Graybeck			13b. MOTHER'S MAIDEN NAME Isabelle Collins			14. NAME OF HUSBAND OR WIFE William Joseph Lawson					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Verna Arnie				ADDRESS 8906 E. 67th			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema				INTERVAL BETWEEN ONSET AND DEATH 1 day			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Lymphoma				4 months			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		2021					
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 Feb 1, 1956 to April 7, 1956 that I last saw the deceased alive on April 6, 1956 and that death occurred at 5:15 A.M. , from the causes and on the date stated above.											
23a. SIGNATURE N Kenneth G. Davis MD			(Degree or title)			23b. ADDRESS 201 Plaza Theater Bldg Kansas City, Mo			23c. DATE SIGNED 4-9-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr 9-56		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (city, town, or county) (State) Raymore Missouri					
DATE REC'D BY LOCAL REG. 4-9-56		REGISTRAR'S SIGNATURE R. A. Speaks		25. FUNERAL DIRECTOR'S SIGNATURE Roland A. Speaks						ADDRESS Indep. Mo	

996N TT 4007

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 *Poland R. [Signature]*

Licensed Embalmer No. *36*

P. O. Address *Indup*

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.