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FILED JUN 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17279
State File No.

BIRTH NO. REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 95

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rolla, O
c. LENGTH OF STAY (In this place): 20 Minutes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Phelps 0810
c. CITY OR TOWN: Saint James
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ 0

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Phelps County Memorial Hospital
STREET ADDRESS (If rural, give location): State Soldiers Home

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): OTIS
c. (Last): LAWSON

4. DATE OF DEATH (Month) (Day) (Year): 21 May 1956

5. SEX: Male O
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 15 Oct. 1895
9. AGE (In years last birthday): 60 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer (Street)
10b. KIND OF BUSINESS OR INDUSTRY: City of Rolla
11. BIRTHPLACE (City and State or Foreign Country): Miller Count y, Missouri O
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Nathan Lawson
13b. MOTHER'S MAIDEN NAME: ✓
14. NAME OF HUSBAND OR WIFE: Mrs. Irene Lawson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W.W. No. 1
16. SOCIAL SECURITY NO.: 496 18 5700
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Irene Lawson, St. James 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atherosclerosis: Coronary Artery Disease — 7 yrs ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardiovascular Disease 4201 — 10 yrs ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1953, *to* May, 1956, *that I last saw the deceased alive on* 22 MAY, 1956, *and that death occurred at* 7:55P m., *from the causes and on the date stated above.*

23a. SIGNATURE: R.N. Giem
(Degree or title): MOO
23b. ADDRESS: Rolla, Mo.
23c. DATE SIGNED: 23 MAY 56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 24 May 1956
24c. NAME OF CEMETERY OR CREMATORY: Thomas Cemetery
24d. LOCATION (City, town, or county) (State): SE Rolla Missouri

DATE REC'D BY LOCAL REG.: May 23, 1956
REGISTRAR'S SIGNATURE: Nadine L. Stoll
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Null & Sons Funeral Home, Rolla, Mo., By Paul E. Null

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
Phelps County Health Officer
County File Number 421
Date Filed MAY 29 1956

JUN 1 1956

JUN 12 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Paul E. M

Licensed Embalmer No....44

P. O. Address.....Rolla

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.