

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29667**

FILED AUG 22 1956

BIRTH NO. _____ REG. DIST. NO. **369** PRIMARY REG. DIST. NO. **6252** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY WAYNE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY WAYNE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MILL SPRING		c. LENGTH OF STAY (in this place) 5 yr	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ✓		e. STREET ADDRESS (If rural, give location) ✓	

3. NAME OF DECEASED (Type or Print)	a. (First) JAMES	b. (Middle) BLANE	c. (Last) LAWSON	4. DATE OF DEATH (Month) (Day) (Year) AUG 10, 1956
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG 17, 1884	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 11 Days 23	IF UNDER 24 HRS. Hours Min
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (City and State or Foreign Country) CLAY CITY IND	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME LEWIS B. LAWSON	13b. MOTHER'S MAIDEN NAME MALLENIA LAWSON	14. NAME OF HUSBAND OR WIFE NELLIE LAWSON
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ✓	16. SOCIAL SECURITY NO. 489-12-3970	17. INFORMANT'S SIGNATURE OR NAME NELLIE LAWSON ADDRESS MILL SPRING MO.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 hr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Duodenal Ulcer		
	DUE TO (c)		
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 ✓	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Mill Spring Wayne MO
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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?
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22. I hereby certify that I attended the deceased from **8-10**, 19**56** to **8-10**, 19**56**, that I last saw the deceased alive on **8-10**, 19**56**, and that death occurred at **9:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE L. E. Perry M.D. (Degree or title)	23b. ADDRESS Pedmont	23c. DATE SIGNED 9-15-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG 13-56	24c. NAME OF CEMETERY OR CREMATORY CARSON HILL	24d. LOCATION (City, town, or county) (State) NEAR MILL SPRING MO.
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DATE REC'D BY LOCAL REG. Aug. 16, 1956	REGISTRAR'S SIGNATURE Hazel Ward	25. FUNERAL DIRECTOR'S SIGNATURE Horace W. Dick ADDRESS Pedmont MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

460

AUG 29 1958

FILE No. _____
WAYNE CO. HEALTH CENTER

RECEIVED
AUG 21 1958

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Marvin E. Bowles.....

Licensed Embalmer No. 44.....

P. O. Address Piedmont.....

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.