

Health,
Welfare
Public
Service

FILED OCT 9 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31985
STATE FILE NUMBER
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4374

300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (IF NOT in hospital, give location) St Lukes Hosp.		STREET ADDRESS (If outside, give location) 4905 State Line	
Length of stay in 1b 21 yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
John Leslie Lawing			Sept. 18, 1957		

5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 19, 1897	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher	10b. KIND OF BUSINESS OR INDUSTRY Principal of Askew	11. BIRTHPLACE (City and state or country) Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME William E. Lawing	13b. MOTHER'S MAIDEN NAME Mary Etta Atterberry	14. NAME OF HUSBAND OR WIFE Lillian Lawing
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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) yes. W. W. I.	16. SOCIAL SECURITY NO. 495-42-8473	17. INFORMANT Wm. E. Lawing	Address Corning Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular Fibrillation		INTERVAL BETWEEN ONSET AND DEATH minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Acute Myocardial Infarction	Days
	DUE TO (c) Coronary Arteriosclerosis	Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from 4-19-56 to 9-18-57 and last saw her alive on 9-18-57 Death occurred at 2:20 pm 9-18-57 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE V.B. Ballard MD (Degree or title)	22b. ADDRESS 411 Nichols Blvd Kansas City Mo	22c. DATE SIGNED 9-19-57
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23a. BURIAL, CREMATION, OR REMOVAL (See 410)	23b. DATE 9/20/57	23c. NAME OF CEMETERY OR CREMATORY DWN Crematory	23d. LOCATION (City, town, or county) (State) Kansas City Mo.
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24. FUNERAL DIRECTOR Stine & McClure	ADDRESS K. C. Mo.	25. DATE RECD. BY LOCAL REG. 9-20-57	26. REGISTRAR'S SIGNATURE Nevas Marshall
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
V. B. Ballard

All diseases in Part I must be causally related.



OCT 9 1957

Wa. 1-4350
Missouri Division of Health
October 1, 1957 1:30 P.M.

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 *Elmer D. Fyfe*

Licensed Embalmer No. *4817*
P. O. Address *Kansas City, 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.