

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED DEC 6 - 1957

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 549

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JOPLIN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 1411 KENTUCKY
3. NAME OF DECEASED (Type or print) First Middle Last JAMES NELSON LAWSON			4. DATE OF DEATH Month Day Year NOVEMBER 25, 1957
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> INFANT	8. DATE OF BIRTH SEPT. 15, 1956
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY INFANT	11. BIRTHPLACE (City and state or country) COMMERCE, OKLA.
13a. FATHER'S NAME EARL LAWSON		13b. MOTHER'S MAIDEN NAME ADELLA FAE ERVIN	14. NAME OF HUSBAND OR WIFE *****
15. WAS DECEASED EVER IN U. S. ARMED SERVICES? (Yes, no or unknown) (If yes, give war or dates of service) INFANT		16. SOCIAL SECURITY NO.	17. INFORMANT Address EARL LAWSON, 1411 KENTUCKY AVE.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Traumatic Perforation 1st Anterior Jejunum Peritonitis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).			INTERVAL BETWEEN ONSET AND DEATH 14 HRS
20a. ACCIDENT <input checked="" 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.) Auto accident - child was thrown out of car.	
20c. TIME OF INJURY Hour Month, Day, Year a.m. _____ p.m. 11-24-57			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	20f. CITY, TOWN, OR LOCATION JOPLIN, Jasper - Missouri
21. I attended the deceased from 11-25-57 to 11-25-57 and last saw him alive on 11-25-57 . Death occurred at 2:00 PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John W. Hulko		22b. ADDRESS 2125 John W. Hulko	22c. DATE SIGNED 11-29-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-2-57	23c. NAME OF CEMETERY OR CREMATORY NEOSHO MEMORIAL GARDENS	23d. LOCATION (City, town, or county) (State) NEOSHO, MISSOURI
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.		25. DATE RECD. BY LOCAL REG. 11-29-1957	26. REGISTRAR'S SIGNATURE Dove Merriam

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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