

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 27 1958

STATE FILE NUMBER **1717**

Registration District No. **157** Primary Registration District No. **5585** Registrar's No. **8**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Lasher	a. STATE Missouri		b. COUNTY Lasher
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Madison	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Carthage	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION route # 1	Length of stay in 1b 12 yrs.	d. STREET ADDRESS (If outside, give location) route # 1	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First William	Middle Monroe	Last Lawson	Month Jan.	Day 9	Year 1958
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 Aug. 3, 1883	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 1 IF UNDER 24 HRS. Hours 1 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Sneedville, Tenn.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John J. Lawson			14. MOTHER'S MAIDEN NAME Elizabeth Wolf		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1904-1907		16. SOCIAL SECURITY NO. 492-42-7934	17. INFORMANT Mrs. William Lawson, Carthage, Mo. Address Mo. 1		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary arteriosclerosis		6 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Myocardial disease	10 days
	DUE TO (c) Influenza	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
20c. TIME OF INJURY Hour p. m. Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <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

21. I attended the deceased from June 21, 57 , to Jan. 9, 1958 and last saw him alive on _____ Death occurred at 3:00 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE George H. Wood M. D. (Degree or title)	22b. ADDRESS Carthage, Mo.	22c. DATE SIGNED 1-9-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan 13, 1958	23c. NAME OF CEMETERY OR CREMATORY Park Cemetery	23d. LOCATION (City, town, or county) (State) Carthage, Missouri
---	-------------------------------	---	---

24. FUNERAL DIRECTOR Ulmer Funeral Home, Carthage, Mo. ADDRESS	25. DATE RECD. BY LOCAL REG. Jan 13, 1958	26. REGISTRAR'S SIGNATURE W. Clifton
---	--	---

JAN 28 1958

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 *Richard Gray Lew*

Licensed Embalmer No. *444*

P. O. Address *Webb City*

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.