

FILED MAR 10 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-005136

STATE FILE NUMBER

Registration District No. 128Primary Registration District No. 2000Registrar's No. 233

300

-52

SPRINGFIELD, MISSOURI

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		c. CITY OR TOWN <b>Springfield</b> <sup>0390</sup>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Burge Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>Rt. 10 Box 298</b>	
3. NAME OF DECEASED (Type or print) First <b>WAYNE</b> Middle <b>RAY</b> Last <b>LAWSON</b>		4. DATE OF DEATH Month <b>March</b> Day <b>4</b> , Year <b>1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>23 Nov. 1945</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>student</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>In School</b>	11. BIRTHPLACE (City and state or country) <b>Greene County, Missouri</b>
10c. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Martin L. Lawson</b>	
13b. MOTHER'S MAIDEN NAME <b>Ruth Swan</b>		14. NAME OF HUSBAND OR WIFE <b>Never Married</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT <b>Hospital Records</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Extensive + severe <sup>Brain</sup> Brain Damage</b> DUE TO (b) <b>Subarachnoid Hemorrhage</b> DUE TO (c) <b>atelectasis; spinal cord injury</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. INTERVAL BETWEEN ONSET AND DEATH
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.) <b>auto accident</b>	
20c. TIME OF INJURY Hour <b>12:15</b> Month, Day, Year <b>3-1-58</b> p.m.		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.) <b>U.S. Highway # 65</b>		20f. CITY, TOWN, OR LOCATION <b>39 COUNTY <b>GREENE, MO</b> STATE</b>	
21. I attended the deceased from <b>3-1-58</b> to <b>3-4-58</b> and last saw him alive on <b>3-4-58</b> Death occurred at <b>3:38</b> A m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>John P. K. Gray M.D.</b> (Degree or title)	
22b. ADDRESS <b>Springfield, Missouri</b>		22c. DATE SIGNED <b>3-5-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>3-6-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MT. COMFORT</b>	23d. LOCATION (City, town, or county) (State) <b>GREENE COUNTY, MO.</b>
24. FUNERAL DIRECTOR <b>Joel Klingner &amp; Co.</b>	25. DATE RECD. BY LOCAL REG. <b>3-7-58</b>	26. REGISTRAR'S SIGNATURE <b>Effie G. Melton</b>	

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 *Glen D Williams*

Licensed Embalmer No. *46251*  
P. O. Address *Springfield*

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.