

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037198

STATE FILE NUMBER

FILED OCT 27 1958

Registration District No. 231

Primary Registration District No. 4348

Registrar's No. 128

300
1-57

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Montgomery)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wellsville	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Wellsville	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kregel Street	Length of stay in 1b	0700 STREET ADDRESS Kregel Street (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JOSEPH Middle CHARLES Last LAWSON	4. DATE OF DEATH Month Oct. Day 17, Year 1958
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 16, 1872	9. AGE (In years last birthday) 86	FUNDER 1 YEAR Months 8 Days 1	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) retired clerk	10b. KIND OF BUSINESS OR INDUSTRY Liquor store	11. BIRTHPLACE (City and state or country) Lincoln County Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William M Lawson	13b. MOTHER'S MAIDEN NAME Ruth Eddeman	14. NAME OF HUSBAND OR WIFE
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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) no	16. SOCIAL SECURITY NO. 491-36-5993	17. INFORMANT Carl Whitehead, Wellsville, 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) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 5 days - years -
DUE TO (b) Osteo-Arteriosclerosis		
DUE TO (c) 331X		
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 <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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 	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 9/29/55 to 10/17/58 and last saw ^{her} him alive on 10/17/58 Death occurred at 1 PM on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>J. B. Wells</i> (Degree or title)	22b. ADDRESS Wellsville Mo	22c. DATE SIGNED 10/22/58

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Oct 20, 1958	23c. NAME OF CEMETERY OR CREMATORY Wellsville City	23d. LOCATION (City, town, or county) (State) Wellsville, Missouri
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24. FUNERAL DIRECTOR <i>J. B. Wells</i>	ADDRESS Wellsville, Mo.	25. DATE RECD. BY LOCAL REG. 10-23-1958	26. REGISTRAR'S SIGNATURE <i>Sara B. Callaway</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

doctor, coroner, etc.; most use only standard nomenclature in their text. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Howard F. Myers*

Licensed Embalmer No. *4494*

P. O. Address *Wellsville*

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.