

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028563

FILED VS AUG 24 1959

Registration District No. 096 Primary Registration District No. _____ Registrar's No. 50

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Dalles</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>N Benton Twp</u>		Length of stay in 1b <u>12 yrs</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Dalles</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 miles. of Buffalo</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Buffalo</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. STREET ADDRESS <u>1 1/2 miles. of Buffalo</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First <u>CLARENCE</u> Middle <u>E.</u> Last <u>LAWSON</u>				4. DATE OF DEATH Month <u>Aug</u> Day <u>10</u> Year <u>1959</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 9-1909</u>	9. AGE (last birthday) <u>49 yrs</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>1</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>		11. BIRTHPLACE (City and state or country) <u>Dalles Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Tom. Lawson</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Eskin</u>		14. NAME OF HUSBAND OR WIFE <u>Cecil Lawson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT <u>Cecil Lawson Buffalo, Mo.</u> Address _____			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Intestinal hemorrhage</u>							<u>5 min.</u>
DUE TO (b) <u>Perforation of abdominal veins</u>							
DUE TO (c) <u>Adeno carcinoma - primary in the rectum</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> 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.)					
20c. TIME OF INJURY Hour _____ a.m. _____ 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 <u>4/29/59</u> to <u>8/10/59</u> and last saw ^{her} him alive on <u>8/9/59</u>							
Death occurred at <u>10:00</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Joseph G. Bennett, D. O.</u> (Embalmer)				22b. ADDRESS <u>Buffalo, Missouri</u>		22c. DATE SIGNED <u>8/12/59</u>	
23a. BURIAL, CREMATION, REMOVAL (specify) <u>Burial</u>	23b. DATE <u>Aug. 12, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>		23d. LOCATION (City, town, or county) (State) <u>Buffalo, Mo.</u>			
24. FUNERAL DIRECTOR <u>L. B. Jones Buffalo, Mo.</u> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>8/20/59</u>		26. REGISTRAR'S SIGNATURE <u>Mrs Vera Petree</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS
JUL 7
1960

APR 28 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by me _____, Student Embalmer No. ✓

working under my personal supervision.

Student ✓ _____
Signature of Student Embalmer

Signed A.E. Cheatham _____

Licensed Embalmer No. 3813

P. O. Address Buffalo me

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.