

FEDERAL BUREAU OF INVESTIGATION
 FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-014881

FILED VS MAY 9 1960
 INDEXED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 509

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b		c. CITY OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 513 W. Division			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 513 W. Division		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First KENNETT Middle H. Last LAWSON				4. DATE OF DEATH Month May Day 1, Year 1960									
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 9 Oct. 1901		9. AGE (last birthday) 58		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister			10b. KIND OF BUSINESS OR INDUSTRY Minister			11. BIRTHPLACE (City and state or country) Missouri			12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME Harry Lawson				13b. MOTHER'S MAIDEN NAME Georgia Burns				14. NAME OF HUSBAND OR WIFE Lucy M. Lawson					
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. Unknown		17. INFORMANT Address 513 W. Division Lucy M. Lawson (Wife) Springfield, Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Likely Coronary Occlusion DUE TO (b) Likely Coronary Atherosclerosis DUE TO (c) UNATTENDED BY PHYSICIAN Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH Sudden Unknown			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (But not 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 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 _____ 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 UNATTENDED BY PHYSICIAN and last saw ^{her} him alive on _____ Death occurred at 12:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE James P. Amos M.D. (Degree or title) Greene County						22b. ADDRESS Springfield, Missouri				22c. DATE SIGNED 5-3-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/3/60		23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery				23d. LOCATION (City, town, or county) (State) Springfield, Missouri					
24. FUNERAL DIRECTOR Klingner Mortuary jhc				ADDRESS Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 5-2-60		26. REGISTRAR'S SIGNATURE Effie S. Melton					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ogle Stone Jr

Licensed Embalmer No. 4176

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.