MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-018108

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 589

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 5117
2 0390
3
4 1
5 6
6
7 0
8 1
9 7625
10
11
12 2-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

FILED JUN 4 1962

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph,
Length of stay in Hospital: 2 days
c. FULL NAME OF HOSPITAL OR INSTITUTION: Mo. Meth. Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Gentry
c. CITY OR TOWN: Stanberry,
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): S. Elm St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Shelly Middle: O Louise Last: Lawson

4. DATE OF DEATH: Month May Day 8 Year 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-6-62
9. AGE (last birthday): —
IF UNDER 1 YEAR: Months — Days 2
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (City and state or country): St. Joseph, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Charles E. Lawson
13b. MOTHER'S MAIDEN NAME: Coleen Fletchall
14. NAME OF HUSBAND OR WIFE: --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: --
17. INFORMANT: Mr. Charles E. Lawson, Stanberry, Mo.

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)	ATELECTASIS – RESPIRATORY FAILURE	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	PREMATURITY	2 DAYS
DUE TO (c)		

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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 BIRTH, to DEATH and last saw her/him alive on 8 May 62
Death occurred at 10:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

F. G. Thompson, III
MEDICAL CERTIFICATION

22a. SIGNATURE (Degree or title): F. Gregg Thompson III
22b. ADDRESS: 902 Edmond ST.
22c. DATE SIGNED: 22 May 62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5-10-1962
23c. NAME OF CEMETERY OR CREMATORY: High Ridge Cemetery
23d. LOCATION (City, town, or county) (State): Stanberry, Mo.

24. FUNERAL DIRECTOR: Johnson Funeral Homes
ADDRESS: Stanberry, Mo.
25. DATE RECD. BY LOCAL REG.: May 28, 1962
26. REGISTRAR'S SIGNATURE: Mrs. Clark Fordell

(Licensed Embalmer's Statement on Reverse Side)

This certificate given to Dr. F.G. Thompson III May 9, 1962 - FG
This certificate received signed May 23, 1962 - FG

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 _____ Signed Ross Evan Johnson
Signature of Student Embalmer

Licensed Embalmer No. 4948

P. O. Address Stanberry Mo

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.