

CERTIFICATE OF DEATH

124

STATE FILE NUMBER

68 0036577

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 231

DO NOT WRITE
ON THIS STUB

VS 300
Rev. 1/68

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Gladys May Lawson		2. Female	Oct. 6, 1968
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY))	AGE—LAST BIRTHDAY (YEARS) MOS. DAYS	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. White	5b. 65 4 6	6. May 30, 1903	7a. Henry
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7b. Clinton		7c. Yes 7d. Clinton General Hospital	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Missouri	USA	10. Married	11. Robert A. Lawson
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY	
1291 01 8035 B	13a. Housekeeper		
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
14a. Missouri	14b. Henry	14c. Clinton	14d. Yes 14e. 205 S. McLane St.
FATHER—NAME FIRST MIDDLE LAST	MOTHER—MAIDEN NAME FIRST MIDDLE LAST		
15. Sylvester Greer	16. Viola Belle Dunlap		
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
17a. Robert A. Lawson		17b. 205 S. McLane St., Clinton, Mo. 64735	
PART I. DEATH WAS CAUSED BY:		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))	
18. IMMEDIATE CAUSE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(a) Carcinomatous - Generalized		3 yrs	
(b) Primary Adenocarcinoma Colon		"	
(c)			
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (10), STATING THE UNDERLYING CAUSE LAST			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (10)		AUTOPSY (YES OR NO) 19a.	
		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a.	20b.	20c.	20d.
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
20e.	20f.	20g.	
CERTIFICATION—PHYSICIAN:	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR
21a. I ATTENDED THE DECEASED FROM 9-12-66	21b. 10-6-68	21c. 10-6-68	21d. 10-6-68
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH	THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR
22a. Richard H. King M.D.		22b. 9:30 A.M.	22c. 10-6-68
CERTIFIER NAME (TYPE OR PRINT)	SIGNATURE	DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)
23a. Richard H. King M.D.	23b. Richard H. King M.D.	23c. M.D.	23d. 10-7-68
MAILING ADDRESS—CERTIFIED	STREET OR R.F.D. NO.	CITY OR TOWN	STATE ZIP
23a. 106 S. 334	23b. Clinton	23c. Mo.	23d. 64735
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN STATE
24a. Burial	24b. Lowry City Cemetery	24c. Lowry City, Missouri	
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
25a. Oct. 8, 1968	25b. Vansant Funeral Home, Clinton, Mo. 64735		
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	
25a. A.D. Lussan	25b. Mildred Bigum	26a. Oct. 7, 1968	

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

DECEASED

PARENTS

CAUSE

CERTIFIER

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

9. 1
10a. 65
10b.
11. 0
12. 1
13. 1538
14.
15. 9
16.
17.
18. 0
19. CREDITS
20. 1-0

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 W. A. Vassant

Licensed Embalmer No. 3479

P. O. Address Clinton, 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.

Permit obtained 10-17-68
(143)