

FILED MAY 12 1969

DEPARTMENT OF PUBLIC HEALTH AND WELFARE — MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

124

CERTIFICATE OF DEATH

69-015561

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 147

DO NOT WRITE
ON THIS STUBVS 300
Rev. 1/68

9. 0
10a. 70
10b.
11. 0
12. 2
13. 492X
14.
15. 4
16.
17.
18. 2
19. CREDITS
20. 1-0

4. 6425
5. 62

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

6. 6435

PARENTS

CAUSE

CERTIFIER

BURIAL

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

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Robert Audra Lawson		2. Male	3. May 6, 1969
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS) MONTHS DAYS	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. White	50. 70 9 9	51. July 27, 1898	70a. 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. Wetzel Osteopathic Hosp.	
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	9. USA	10. Widowed	11.
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	
12. 491 01 8035		13b. Blacksmith, retired	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
14a. Missouri	14b. Henry	14c. Clinton	14d. 205 So. McLane St.
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
15. George Washington Lawson		16. Hettie Ellen Wood	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
17a. Helen R. Lawson		17b. 205 So. McLane St, Clinton, Mo. 64735	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE			
(a) Pulmonary Embolus			10 hrs
(b) Emphysema			5 yrs
(c) Bronchial asthma			5 yrs
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES OR NO) 19a. 19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)			DATE OF INJURY (MONTH, DAY, YEAR)
20a.			20b. 20c. M. 20d.
INJURY AT WORK (SPECIFY YES OR NO)			PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)
20e.			20f.
CERTIFICATION—PHYSICIAN	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR
21a. I ATTENDED THE DECEASED FROM 7-1-68	21b. 5-6-69	21c. 5-6-69	21d. YES
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.			DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
22a.			22b. 7:45 PM
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE	DATE SIGNED (MONTH, DAY, YEAR)
23a. R. J. Powell DO		23b. [Signature]	23c. 5/8/69
MAILING ADDRESS—CERTIFIER		CITY OR TOWN	STATE
23d. Clinton Mo.		23e. Clinton	23f. Mo.
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN STATE
24a. Burial	24b. Lowry City Cemetery	24c. Lowry City, Mo.	
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
24d. May 9, 1969	24e. Vansant Funeral Home 314 W. Jefferson	St. Clinton, Mo. 64735	
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	
25a. [Signature]	25b. [Signature]	26b. May 9, 1969	

MAY 29 1969

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 R. Q. Vansant

Licensed Embalmer No. 3779

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.