

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002951

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 291

Primary Registration District No.

Registrar's No. 5

FILED JAN 24 1963

| | | | |
|---|-----------------------|---|------------------------------|
| 1. PLACE OF DEATH a. COUNTY Putnam | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Putnam | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hartford | | c. CITY OR TOWN Hartford | |
| Length of stay in 1b Life | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence | | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Henry H. Lawson | | 4. DATE OF DEATH Month Day Year Jan 17 1963 | |
| 5. SEX M | 6. COLOR OR RACE W | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 9Mar1873 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired labor | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) 89 |
| 11. BIRTHPLACE (City and state or country) Putnam, County | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Adam Lawson | | 13b. MOTHER'S MAIDEN NAME unk | |
| 14. NAME OF HUSBAND OR WIFE Martha A. Hall | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No | |
| 16. SOCIAL SECURITY NO. None | | 17. INFORMANT Denville Lawson West Branch, Iowa | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lymphatic Leukemia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Scurvy | | INTERVAL BETWEEN ONSET AND DEATH 2 years | |
| 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 Hartford, Mo | | COUNTY STATE | |
| 21. I attended the deceased from June 7-60 to Jan 17-63 and last saw him alive on Jan 17-63 Death occurred at 7:55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) Chas L. Fuddoo | |
| 22b. ADDRESS Unionville Mo | | 22c. DATE SIGNED 1-18-63 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 20 Jan 1963 | |
| 23c. NAME OF CEMETERY OR CREMATORY Hartford Cemetery | | 23d. LOCATION (City, town, or county) Hartford, Mo | |
| 24. FUNERAL DIRECTOR Hudson-Rimer Funl Home Edina, Mo | | 25. DATE RECD. BY LOCAL REG. 1-19-63 | |
| 26. REGISTRAR'S SIGNATURE Marvella Durbin | | | |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

VS 300
Rev. 4/59

1 2860

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DATE AMENDED

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

ALR

Licensed Embalmer No.

5041

P. O. Address

Edina, MN

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).

OR 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.

Edina - Home of the Embalmer