

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013570

STATE FILE NUMBER

FILED APR 28 1958

Registration District No. 70 Primary Registration District No. 5286 Registrar's No. 20

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------|----------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>CLARK</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CLARK</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR <u>WYAACONDA TOWNSHIP</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | c. CITY OR TOWN <u>Wyaconda, Missouri</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Length of stay in lb | | | | 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 <u>FRED</u> <u>LAWSON</u> | | | | 4. DATE OF DEATH Month Day Year <u>March 22</u> <u>1958</u> | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>Febr 19</u> <u>1888</u> | |
| 9. AGE (In years last birthday) Months Days Hours Min. <u>70</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RR Section Hand</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Labor</u> | | 11. BIRTHPLACE (City and state or country) <u>Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13. FATHER'S NAME <u>E. E. LAWSON</u> | | 14. MOTHER'S MAIDEN NAME <u>ROSA ADMIRE</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address <u>Mrs. Maud Lawson</u> | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of the Lungs</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>163X</u> DUE TO (c) <u>163X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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. Month, Day, Year p. m. | | | | | | | |
| 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 <u>Jan. 1</u> <u>1958</u> to <u>Mar. 22</u> <u>1958</u> and last saw her alive on <u>3/21</u> <u>58</u> Death occurred at <u>6 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>B. F. Hutchinson M.D.</u> | | | | 22b. ADDRESS <u>Wyaconda, Missouri</u> | | 22c. DATE SIGNED <u>4/19/58</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>3/25</u> <u>1958</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Wyaconda, Cem.</u> | | 23d. LOCATION (City, town, or county) (State) <u>Wyaconda, Missouri</u> | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Arthur Bonker Wyaconda Mo</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>4/22</u> <u>58</u> | | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> | |

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

0230

300
1-56

APR 29 1958

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..... *George V. Bosker*

Licensed Embalmer No. 1817

P. O. Address..... Wyandotte

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.