

No. 300
10.48

FILED FEB 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH *3046* State File No. *2070*

BIRTH NO. _____ REG. DIST. NO. *224* PRIMARY REG. DIST. NO. *5796* Registrar's No. *6*

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <i>Moniteau Co</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY: <i>Moniteau</i> | |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <i>California. Mo Walker</i> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Walker 8680</i> | |
| c. LENGTH OF STAY (In this place) <i>5 Days</i> | | d. STREET ADDRESS (If rural, give location) <i>Prarie Home Star Rt.</i> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Latham Hospital</i> | | | |

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|---|---------------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <i>John</i> | b. (Middle) <i>Wesley</i> | c. (Last) <i>Lawson</i> | 4. DATE OF DEATH (Month) (Day) (Year) <i>1/28/52</i> |
|---|---------------------------|-------------------------|---|

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|--------------------|-------------------------------|--|---------------------------------------|---|--|---|
| 5. SEX <i>Male</i> | 6. COLOR OR RACE <i>White</i> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never Married</i> | 8. DATE OF BIRTH <i>Oct. 17, 1885</i> | 9. AGE (In years last birthday) <i>66</i> | IF UNDER 1 YEAR Months <i>3</i> Days <i>11</i> | IF UNDER 24 HRS. Hours <i></i> Min. <i></i> |
|--------------------|-------------------------------|--|---------------------------------------|---|--|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Judge</i> | 10b. KIND OF BUSINESS OR INDUSTRY <i>County Court</i> | 11. BIRTHPLACE (State or foreign country) <i>Missouri</i> | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> |
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| 13a. FATHER'S NAME <i>Benjman Lawson</i> | 13b. MOTHER'S MAIDEN NAME <i>Lenna Griesback</i> | 14. NAME OF HUSBAND OR WIFE |
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|--|-------------------------------------|--|-------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i> | 16. SOCIAL SECURITY NO. <i>None</i> | 17. INFORMANT'S SIGNATURE OR NAME <i>B.E. Lawson</i> | ADDRESS <i>California mo.</i> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <i>10 minutes</i> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary occlusion</i> | | |
| ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> | | DUE TO (b) <i>Generalized arteriosclerosis 5 years</i> | |
| | | DUE TO (c) <i>With diabetic gangrene of foot</i> | |
| II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | | |

| | | |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|--|

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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|--|--|---|

| | | |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from *July 3, 1889*, to *Jan 28, 1952*, that I last saw the deceased alive on *Jan 28, 1952*, and that death occurred at *8:40 A.M.*, from the causes and on the date stated above.

| | | |
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| 23a. SIGNATURE (Degree or title) <i>Benjamin Latham M.D.</i> | 23b. ADDRESS <i>California, Mo.</i> | 23c. DATE SIGNED <i>1-29-52</i> |
|--|-------------------------------------|---------------------------------|

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| 24a. BURIAL CREMATION, REMOVAL (Specify) <i>BURIAL</i> | 24b. DATE <i>1/31/52</i> | 24c. NAME OF CEMETERY OR CREMATORY <i>Moniteau Evangelical</i> | 24d. LOCATION (City, town, or county) (State) <i>Star Rt. California Mo</i> |
|--|--------------------------|--|---|

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|---|---|--|---------------------------|
| DATE REC'D BY LOCAL REG. <i>1-29-52</i> | REGISTRAR'S SIGNATURE <i>H.R. Ropyoy L.R. 202</i> | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Edgar Bowlin</i> | ADDRESS <i>California</i> |
|---|---|--|---------------------------|

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0681

750

RECEIVED FEB 5 1952

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed FEB 5 1952

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Ease Boulton

Signed.....
Student Embalmer

Licensed Embalmer No. 2176

P. O. Address California

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 this body is not embalmed, fact should be so stated above.