

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

9163

State File No.

FILED MAR 25 1952

BIRTH NO.		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>3046</u>		Registrar's No. <u>32</u>	
1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California, Mo.</u>		c. LENGTH OF STAY (In this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CALIFORNIA,</u>		<u>0681</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>LATHAM HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM WOOD</u>		b. (Middle) <u>JETSON</u>		c. (Last) <u>LAWTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 16, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 7, 1876</u>		9. AGE (In years last birthday) <u>75</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 6 HRS: Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>		11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm. JETSON LAWTON</u>		13b. MOTHER'S MAIDEN NAME <u>EVEYLN BURKE</u>		14. NAME OF HUSBAND OR WIFE <u>VASSIE LAWTON</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'S SIGNATURE OR NAME ADDRESS <u>VASSIE LAWTON, CALIFORNIA, MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Fracture of skull & cerebral concussion</u> ANTECEDENT CAUSES <u>Concussion</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fall from tree</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>168 E9020-21</u>				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>California Moniteau Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>MAR. 14 1952 4p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? <u>Fell from tree while cutting limbs from tree.</u>			
22. I hereby certify that I attended the deceased from <u>3-14</u> , 19 <u>52</u> , to <u>3-16</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>3-16</u> , 1952, and that death occurred at <u>2:4</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Kenneth Latham M.D.</u> (Degree or title)				23b. ADDRESS <u>California, Mo</u>		23c. DATE SIGNED <u>3-18-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Mar. 20, 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetry</u>		24d. LOCATION (City, town, or county) (State) <u>CALIFORNIA, MONITEAU, MO.</u>	
DATE REC'D BY LOCAL REG. <u>3-19-52</u>		REGISTRAR'S SIGNATURE <u>H.R. Popejoy</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L.R. 208 WILLIAMS FUNERAL HOME, CALIFORNIA, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Student Embalmer

Signed.....

Hugh E. Williams

Licensed Embalmer No. *3537*

P. O. Address *California 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 this body is not embalmed, fact should be so stated above.