

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003038

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 54

STATE FILE NUMBER

FILED FEB 13 1962

1. PLACE OF DEATH
 a. COUNTY Pettis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia Length of stay in 1b 7 yrs
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Nursing Home Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo b. COUNTY Pettis
 c. CITY OR TOWN Sedalia Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 209 East 7th Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
MARY Theodocia LAWSON Feb. 2 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 2-4-1873 9. AGE (last birthday) 88 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) Monticau Co. Mo 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Wm B. Reed 13b. MOTHER'S MAIDEN NAME Rebecca Sunday 14. NAME OF HUSBAND OR WIFE Robert Lee Lawson
 Address 703 E. 16th

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. none 17. INFORMANT Mrs C.M. Cowherd Sedalia

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Arterio-sclerotic Cerebro-vascular disease INTERVAL BETWEEN ONSET AND DEATH 3 years
 DUE TO (b) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease given in PART I (a) Old stroke; Arthritis with contractures of legs PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 July 15, 1959 to Feb. 2, 1962 and last saw her alive on Feb. 2, 1962
 Death occurred at 2:35 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Albert J. Campbell, M.D. 22b. ADDRESS 312 1/2 So. Ohio Sedalia Mo 22c. DATE SIGNED 2-5-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2-5-62 23c. NAME OF CEMETERY OR CREMATORY Old Salem cem 23d. LOCATION (City, town, or county) (State) Monticau Co. Mo

24. FUNERAL DIRECTOR McLaughlin Bros ADDRESS Sedalia 25. DATE RECD. BY LOCAL REG. 2-5-1962 26. REGISTRAR'S SIGNATURE Frances Shelby

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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 A. P. McLeary

Licensed Embalmer No. 3158

P. O. Address Sedalee, 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.