

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38813

State File No. ....

FILED NOV 12 1957

BIRTH NO. ....		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>3072</u>		Registrar's No. <u>198</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>		c. LENGTH OF STAY (in this place) <u>10yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u> <u>0972</u>		d. STREET ADDRESS (If rural, give location) <u>625 E. College</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>625 E. College</u>				d. STREET ADDRESS (If rural, give location) <u>625 E. College</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Stanley</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Lawrence</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 3, 1957</u>				
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 9, 1897</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months   Days	IF UNDER 4 HRS. Hours   Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hospital Attendant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>State School</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Richard Lawrence</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Alexander</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Josephine Lawrence</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>493-12-4048</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Josephine Lawrence, Marshall, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>4201</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>made investigation</u> <u>Nov. 3, 1957</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:06 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>P.L. Lawless M.D. Croner Saline, Mo.</u>				23b. ADDRESS <u>Marshall Mo.</u>		23c. DATE SIGNED <u>11-4-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/5/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Finnis Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>S.W. Marshall, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 5-57</u>		REGISTRAR'S SIGNATURE <u>Carl J. Reed</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>George Green, Marshall Mo.</u>			

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

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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 .....  
Student Embalmer

Signed

*Georget Green*

Licensed Embalmer No. 4220

P. O. Address Marshall, Missouri

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.