

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044227
STATE FILE NUMBER
6006

FILED JAN 9 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

300
-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SALINE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MARSHALL 0972 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		Length of stay in 1b 1 DAY	d. STREET ADDRESS (If outside, give location) 816 E. JACKSON Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last CLARENCE LAWRENCE			4. DATE OF DEATH Month Day Year DECEMBER 17, 1958
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DECEMBER 29, 1893 64
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	9. AGE (In years, first birthday) IF UNDER 1 YEAR Months Days Hours Min. 0 0 0 0
11. BIRTHPLACE (City and state or country) SALINE, CO., MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME RICHARD LAWRENCE		13b. MOTHER'S MAIDEN NAME ANNIE ALEXANDER	14. NAME OF HUSBAND OR WIFE NELLIE LAWRENCE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes 10-29-17 to 3-26-19 none		16. SOCIAL SECURITY NO. none	17. INFORMANT Address OFFICIAL RECORDS, VA HOSPITAL K.C., MO.
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>Carotid Occlusion</u> <u>Fracture of The Skull</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II if item 18.) <u>Fell from Hay loft to concrete floor.</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 12-16-58		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm Hay loft</u>	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Martha Bend, Mo. Saline, Mo</u>	
21. <input checked="" type="checkbox"/> attended the deceased from <u>December 16, 1958</u> to <u>December 17, 1958</u> Death occurred at <u>8:45</u> p m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Eugene M. Malone M.P. U.S. Hospital K.C. Mo.</u>		22b. ADDRESS	22c. DATE SIGNED <u>12-18-58</u>
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-21-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Finnis Creek</u>
23d. LOCATION (City, town, or county) (State) <u>Saline County, Mo.</u>		24. FUNERAL DIRECTOR <u>Ernest H. Green Marshall, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>12-19-58</u>		26. REGISTRAR'S SIGNATURE <u>newell munsell</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

causally related.

Eugene M. Malone

MAY 26 1959

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 Boyet Green

Licensed Embalmer No. 4220
P. O. Address Marshall 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.