

STANDARD CERTIFICATE OF DEATH

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

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>124</u>			
1. PLACE OF DEATH a. COUNTY <u>Green</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Green</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>4 1/2 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>622 W. High</u>				d. STREET ADDRESS (If rural, give location) <u>622 W. High St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Vicy</u> b. (Middle) <u>J.</u> c. (Last) <u>Lawrence</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 8 1949</u>						
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>10-16-65</u>		9. AGE (In years last birthday) <u>83</u> if UNDER 1 YEAR: Months _____ Days _____ if UNDER 6 HRS.: Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</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>unknown Truett</u>			13b. MOTHER'S MAIDEN NAME <u>Mrs. Jane Clifton</u>		14. NAME OF HUSBAND OR WIFE <u>Dr. John 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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>R.E. Lawrence, Marionville, 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* (a) <u>acute Circulatory Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis & Myocardial infarction</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>40%</u>				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)					
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? <u>2</u>					
22. I hereby certify that I attended the deceased from <u>Dec 20, 1948</u> , to <u>Feb 8, 1949</u> , that I last saw the deceased alive on <u>Feb. 8, 1949</u> , and that death occurred at <u>4:20 pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Oliver L. Williams, M.D.</u>				23b. ADDRESS <u>Springfield, Missouri</u>		23c. DATE SIGNED <u>8 Feb '49</u>			
24a. PERIOD OF CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-10-49</u>		24c. NAME OF CEMETERY OR CREMATOR <u>Huffman</u>		24d. LOCATION (City, town, or county) (State) <u>Route 3, Ava, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>2-10-49</u>		REGISTRAR'S SIGNATURE <u>W. J. Handley</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clinkingbeard Funeral Home, Ava, Mo.</u>					

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 _____

Charles R. Fish

Student Embalmer No. *45*

working under my personal supervision.

Student

Charles R. Fish
Student Embalmer

Signed

Chester A. Roof

Licensed Embalmer No. *3044*

P. O. Address *Jainville*

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.