

FILED JAN 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3810

State File No. ....

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| BIRTH NO. ....  |  | REG. DIST. NO. <u>360</u>  |  | PRIMARY REG. DIST. NO. <u>3076</u>  |  | Registrar's No. <u>4</u>   |  |
| 1. PLACE OF DEATH   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  |  |  |  |
| a. COUNTY <u>Wenon</u>  |  | b. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada</u>                               |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Wichita</u>   |  | d. STREET ADDRESS (If rural, give location) <u>02</u>                    |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>830 West Hunter</u>  |  | c. LENGTH OF STAY (in this place) <u>1</u>   |  | a. STATE <u>Kans</u>  |  | b. COUNTY <u>Sedgewick</u>   |  |
| 3. NAME OF DECEASED   |  |  |  | 4. DATE OF DEATH  |  | 5. SEX   |  |
| a. (First) <u>Opka Jane</u>   |  | b. (Middle) <u>Shirley</u>   |  | c. (Last) <u>Lawrence</u>   |  | (Month) (Day) (Year) <u>Jan. 4, 1949</u>                                 |  |
| (Type or Print)   |  |  |  |   |  |  |  |
| 5. SEX <u>Female</u>  |  | 6. COLOR OR RACE <u>White</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unmarried</u>   |  | 8. DATE OF BIRTH <u>Dec. 8, 1870</u>                                     |  |
| 9. AGE (In years last birthday) <u>78</u>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School teacher</u> |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>civilian</u>   |  | 11. BIRTHPLACE (State or foreign country) <u>Nashville, Tenn</u>         |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |  | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (State or foreign country)   |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                               |  |
| 13a. FATHER'S NAME <u>S. C. Shider</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Mary A. Meadows</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>Emmett P. Lawrence</u>   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>   |  | 16. SOCIAL SECURITY NO. <u>no</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>B. C. Shider</u>   |  | ADDRESS <u>Acbrain, Mo.</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   |  | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service)   |  | 17. INFORMANT'S SIGNATURE OR NAME   |  | ADDRESS  |  |
| 18. CAUSE OF DEATH  |  |  |  | MEDICAL CERTIFICATION   |  |  |  |
| Enter only one cause per line for (a), (b), and (c)   |  |  |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>  |  |  |  |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  |  |  |  | ANTECEDENT CAUSES   |  |  |  |
|   |  |  |  | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.                                    |  |  |  |
|   |  |  |  | DUE TO (b) <u>Chr. nephritis</u>  |  |  |  |
|   |  |  |  | DUE TO (c)  |  |  |  |
|   |  |  |  | II. OTHER SIGNIFICANT CONDITIONS  |  |  |  |
|   |  |  |  | Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arteriosclerosis</u> |  |  |  |
| 19a. DATE OF OPERATION <u>none</u>  |  | 19b. MAJOR FINDINGS OF OPERATION <u>✓</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) m.  |  | 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>June 1-3, 1948</u> , to <u>1-4, 1949</u> , that I last saw the deceased alive on <u>1-3, 1948</u> , and that death occurred at <u>7</u> m., from the causes and on the date stated above. |  |  |  |   |  |  |  |
| 23a. SIGNATURE <u>B. Braxton Cox, M.D.</u>  |  |  |  | 23b. ADDRESS <u>Nevada, Mo.</u>   |  | 23c. DATE SIGNED <u>1-4-49</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)   |  | 24b. DATE <u>1-5-49</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Scott Cem.</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>Acbrain, Mo.</u>        |  |
| DATE REC'D BY LOCAL REG. <u>1/4/49</u>  |  | REGISTRAR'S SIGNATURE <u>Walter H. Yancey</u>  |  | 331   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Exchange Funeral Home Nevada, Mo</u> |  |
| DATE REC'D BY LOCAL REG.  |  | REGISTRAR'S SIGNATURE  |  | 331   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS                                 |  |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

FEB 2 1949

RECEIVED

District Health Officer No. 7;

District File Number 12-48-1573

Date Filed 1-10-49

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 Marsh E. Eichenauer

Licensed Embalmer No. 2056

P. O. Address Newark, 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.