

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3938**

FILED MAR 14 1949

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

BIRTH NO. _____		REG. DIST. NO. <u>4</u>		PRIMARY REG. DIST. NO. <u>5076</u>		Registrar's No. <u>14</u>			
1. PLACE OF DEATH a. COUNTY <u>Atchison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>					
b. CITY OR TOWN <u>Rural, North Clark</u>		c. LENGTH OF STAY (In this place) <u>9 yrs</u>		c. CITY OR TOWN <u>Rural, N. Clark</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>1/4 N. of Fairfield</u>					
3. NAME OF DECEASED (Type or Print) <u>MAGGIE</u>			a. (First)		b. (Middle)		c. (Last) <u>LAWRENCE</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 30, 1898</u>		9. AGE (In years last birthday) <u>50</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life. None if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Douglas Co., Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>		
13a. FATHER'S NAME <u>Lewis Williams</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Goodnight</u>			14. NAME OF HUSBAND OR WIFE <u>Det. Lloyd Lawrence</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Lloyd Lawrence</u>				ADDRESS <u>Fairfield 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				INTERNAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				ANTECEDENT CAUSES <u>Hypertension.</u>				<u>48 hours</u>	
DUE TO (b) <u>Migraine + Vertigo.</u>				DUE TO (c) <u>Obesity</u>				<u>Unknown</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Obesity</u>								<u>4</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) _____	
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>6-26, 1948</u> , to <u>2-26, 1949</u> , that I last saw the deceased alive on <u>2/26, 1949</u> , and that death occurred at <u>4 A. M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J. A. Gray</u>				(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Watson Mo.</u>		23c. DATE SIGNED <u>3/1/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Mar 1, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Huffman Cemetery</u>		24d. LOCATION (City, town, or county) <u>Winfield Missouri</u>		(State) _____	
DATE REC'D BY LOCAL REG. <u>3/1-49</u>		REGISTRAR'S SIGNATURE <u>Betty Crocker</u>		4 _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>Marvin N. Schuler</u>		ADDRESS <u>Fairfield 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 Ashley

R. Tucker

Student Embalmer No. Ashley 47

working under my personal supervision.

Student .....  
Student Embalmer

Signed Marvin H. Schuler

Licensed Embalmer No. 4162

P. O. Address Fairfax, 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.