

FILED APR 27 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

13456

State File No.

BIRTH NO. _____ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 6015 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Char. Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>rural - Salt Springs</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Salisbury</u> <u>26</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pleasant Home</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED a. (First) <u>Marvin</u> b. (Middle) <u>Robert</u> c. (Last) <u>Lawrence</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 - 18 - 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>June 21, 1880</u>
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Aut. Labor</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Robert M. Lawrence</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Barber</u>	
14. NAME OF HUSBAND OR WIFE <u>Lillie Minor Lawrence</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>494-12-3236</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lillie Lawrence</u> ADDRESS <u>Salisbury 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>Cerebral Apoplexy</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</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. <u>arterio-sclerosis</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>Feb 10, 1949</u> , to <u>Apr 18, 1949</u> , that I last saw the deceased alive on <u>4-17-1949</u> , and that death occurred at <u>5:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. H. ...</u> (Degree or title)		23b. ADDRESS <u>Salisbury Mo</u>	
23c. DATE SIGNED <u>4/19/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-26-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Huntsville</u>	24d. LOCATION (City, town, or county) (State) <u>Huntsville Mo</u>
DATE REC'D BY LOCAL REG. <u>Apr 23 - 1949</u>	REGISTRAR'S SIGNATURE <u>W. A. Barnhart</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. Blunkelmeier</u> ADDRESS <u>Salisbury</u>	

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

494-12-3236

RECEIVED

District Health Officer No. 1

District File Number 449.74

Date Filed APR 26 1949

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.

Signed _____

Chas B Winkemeyer

Signed _____
Student Embalmer

Licensed Embalmer No. 3842

P. O. Address Salisbury 99

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.