

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14920**

BIRTH MO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **553**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	
c. LENGTH OF STAY (in this place) <b>31 Years</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>123 W. Indiana Ave.</b>		d. STREET ADDRESS (If rural, give location) <b>123 W. Indiana Ave.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>FREDERICK</b>	b. (Middle) <b>THOMAS</b>	c. (Last) <b>LAWRENSON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 12, 1949</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 12, 1880</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR <b>8</b> Months	IF UNDER 24 HRS. <b>0</b> Hours <b>0</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired clerk</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Union Pacific R. R.</b>	11. BIRTHPLACE (State or foreign country) <b>Topeka, Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>William Lawrenson</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Ann Walker</b>	14. NAME OF HUSBAND OR WIFE <b>Hester Lawrenson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>712-01-5964</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Hester Lawrenson</b>	ADDRESS <b>123 W. Indiana</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>42-000</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic heart disease</b> DUE TO (c) <b>Arteriosclerosis, general</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertension</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from June, 1946, to May 12, 1949, that I last saw the deceased alive on May 6, 1949, and that death occurred during night m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>P. Lenoir, M.D.</b>	23b. ADDRESS <b>St. Joseph, Mo.</b>	23c. DATE SIGNED <b>5-13-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 14, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Mora Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>May 16, 1949</b>	REGISTRAR'S SIGNATURE <b>P. C. Jenkins</b>	382	25. FUNERAL DIRECTOR'S SIGNATURE <b>Illinois Ave. St. Joseph, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 29 1949

MAY 2 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 \_\_\_\_\_

B. J. Chaney

Student Embalmer No. 294

working under my personal supervision.

Signed B. J. Chaney  
Student Embalmer

Signed Ernest Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph, 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.