

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 18572
Registrar's No. 57

FILED JUL 6 1949

BIRTH NO. _____		REG. DIST. NO. <u>27</u>		PRIMARY REG. DIST. NO. <u>300</u>		Registrar's No. <u>57</u>	
1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u>		c. LENGTH OF STAY (If this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Butler Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D. Amoret</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lawrence</u> b. (Middle) <u>F.</u> c. (Last) <u>Metzger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-26-1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 28, 1909</u>	
				9. AGE (In years last birthday) <u>39</u>		IF UNDER 1 YEAR: Months <u>8</u> Days <u>28</u> IF UNDER 4 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Salisbury, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Joe Metzger</u>			13b. MOTHER'S MAIDEN NAME <u>Ritzen Thaler</u>		14. NAME OF HUSBAND OR WIFE <u>Twylah Metzger</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW 2</u>		16. SOCIAL SECURITY NO. <u>495-03-7194</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Twylah Metzger</u> ADDRESS <u>R.F.D. Amoret, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Crushed Right Thorax</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>1 Day</u> <u>89021</u> <u>3</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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Butler Bates Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 25 1949 3P.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Slipped - fell under combine</u>			
22. I hereby certify that I attended the deceased from <u>June 25 1949</u> , to <u>June 26, 1949</u> , that I last saw the deceased alive on <u>June 26, 1949</u> , and that death occurred at <u>10:30A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Clara W. Luter M.D.</u>				23b. ADDRESS <u>Butler Mo</u>		23c. DATE SIGNED <u>6/27/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-28-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Virginia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Virginia, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>July 1 - 1949</u>		REGISTRAR'S SIGNATURE <u>Randall Kerney</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John Underwood - Butler Mo</u>			

RECEIVED

District Health Officer No.

District File Number 6-19-80

Date Filed 7-5-49

JUL 11 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.

Student _____
Student Embalmer

Signed Robert S. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butler, 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.