

FILED OCT 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34794

BIRTH NO. _____		REG. DIST. NO. 301		PRIMARY REG. DIST. NO. 4450		Registrar's No. 63		
1. PLACE OF DEATH a. COUNTY <u>RIPLEY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>RIPLEY</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doniphan</u>		c. LENGTH OF STAY (In this place) <u>8 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doniphan</u>		91		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Williams Hospital</u>				d. STREET ADDRESS (If rural, give location) _____				
3. NAME OF DECEASED (Type or Print) a. (First) <u>JENNIE</u> b. (Middle) <u>W.</u> c. (Last) <u>LAWRENCE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-8-1949</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>11-14-1866</u>		
9. AGE (In years last birthday) <u>82 2/3</u>		10. UNDER 1 YEAR Days <u>9</u>		10. UNDER 24 HRS. Hour <u>3 1/2</u> Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>George H. Breed</u>			13b. MOTHER'S MAIDEN NAME <u>CAREY A. ALBRO</u>			14. NAME OF HUSBAND OR WIFE <u>EE. LAWRENCE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hershel LAWRENCE - Doniphan Mo.</u> ADDRESS _____				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UREMIA</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>SEPSIS, GENERAL</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>4 WKS</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>JUNE</u> , 1947, to <u>8 SEPT.</u> , 1949, that I last saw the deceased alive on <u>8 SEPT.</u> , 1949, and that death occurred at <u>8:20 Am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>W. Kolbe M.D.</u> (Degree or title)				23b. ADDRESS <u>Doniphan, Mo.</u>		23c. DATE SIGNED <u>10 Sept. 49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9-11-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sweeney & Son Mortuary Geneseo, Ill.</u>		24d. LOCATION (City, town, or county) (State) _____		
DATE REC'D BY LOCAL REG. <u>9-10-49</u>		REGISTRAR'S SIGNATURE <u>L. W. Edwards</u> 277		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. W. Edwards - Doniphan Mo</u> ADDRESS _____				

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
30.48

RECEIVED 10/15/49
District Health Officer No. 5,
District File Number 1049654
Date Filed 10/20/49

OCT 24 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 Carl B. Bird

Licensed Embalmer No. 4306

P. O. Address Doniphan, 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.