

FILED MAY 26 1950 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 16331

BIRTH NO. _____		REG. DIST. NO. 106		PRIMARY REG. DIST. NO. 4178		Registrar's No. 11		
1. PLACE OF DEATH a. COUNTY <u>DUNKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ARKANSAS</u> b. COUNTY <u>CLAY</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HOLCOMB</u>		c. LENGTH OF STAY (In this place) <u>7 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Piggott</u>		8039		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cochran Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>R. 7. D. #1</u>				
3. NAME OF DECEASED a. (First) <u>Julia</u> b. (Middle) <u>A.</u> c. (Last) <u>Lawrence</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 - 21 1950</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>Feb. 6, 1874</u>		
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours 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			11. BIRTHPLACE (State or foreign country) <u>Pontiac Michigan</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>S.T. Lawrence</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>S.T. Lawrence</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>				INTERVAL BETWEEN ONSET AND DEATH		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension with</u> DUE TO (c) <u>Systolic</u>						
		II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.				334X		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>4/13/50</u>		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>4/13</u> , 19 <u>50</u> , to <u>4/20</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>(4) - 20</u> , 19 <u>50</u> , and that death occurred at <u>3 A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>John Cochran</u> (Degree or title)				23b. ADDRESS <u>202 Holcomb St</u>		23c. DATE SIGNED <u>4/21/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-12-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Lawn Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Detroit Mich.</u>		
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <u>J. Anderson</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>Lloyd Russell Piggott</u>		ADDRESS <u>Ark.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 5-22-50

COUNTY FILE NUMBER 550-148

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 me

Student Embalmer No.

working under my personal supervision.

Student Student Embalmer

Signed Lloyd Russell

Licensed Embalmer No. 509

P. O. Address Piggott Ark.

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.