

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17491**

FILED JUN 12 1950

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **181**

644

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

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HANNIBAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monroe City 0690	
c. LENGTH OF STAY (in this place) 3 Hrs.		d. STREET ADDRESS (If rural, give location) 310 WINTER ST. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ELIZABETH HOSPITAL			

3. NAME OF DECEASED (Type or Print) WILLIAM ROY LAWRENCE			4. DATE OF DEATH MAY 22 1950		
a. (First)		b. (Middle)		c. (Last)	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married.	8. DATE OF BIRTH June 12 1948	9. AGE (In years last birthday) 11	IF UNDER 1 YEAR: Months 11 Days 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Never worked.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) HANNIBAL Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME FLOYD LAWRENCE		13b. MOTHER'S MAIDEN NAME WANDA PETERS.		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Floyd Lawrence ADDRESS Monroe City Missouri	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acidosis		INTERVAL BETWEEN ONSET AND DEATH 24 hrs.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Pneumonia broncho 48 hrs.	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		491X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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 **5-22-50**, 19**50**, to **5-22-50**, 19**50**, that I last saw the deceased alive on **5-22-50**, 19**50**, and that death occurred at **12:55 pm.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D.		23b. ADDRESS 100 N. Sixth, Hannibal, Mo.		23c. DATE SIGNED 5-25-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 24-1950		24c. NAME OF CEMETERY OR CREMATORY ST. JUDES CEMETERY	
				24d. LOCATION (City, town, or county) (State) MONROE CITY MISSOURI	

DATE REC'D BY LOCAL REG. 5-27-50		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE WILSON & SON ADDRESS MONROE CITY MO.	
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RECEIVED JUN 9 1950
MARION CO. HEALTH DEPT.
DATE FILED JUN 9 1950

JUN 12 1950

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

Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address

Monroe City, 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.