

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19494

State File No.

FILED JUL 8 1950

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 261

1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>BUTLER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>POPLAR BLUFF</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Dalesville MO 0170</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>POPLAR BLUFF HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LULA</u> b. (Middle) <u>MAR</u> c. (Last) <u>LAWREY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 16 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>OCT 23 - 1890</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR: Months _____ Days _____
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>DUNKLIN CO MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>

13a. FATHER'S NAME <u>JEFF ERBY</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH HOGG</u>	14. NAME OF HUSBAND OR WIFE <u>ERNEST LAWREY</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>VIOLET RAFFERTY LAKE CITY ARK</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>Diabetic Coma.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>260X</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 6-16, 1950, to 6-16, 1950, that I last saw the deceased alive on 6-16, 1950, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. W. Honda M.D.</u> (Degree or title)	23b. ADDRESS <u>Poplar Bluff Mo.</u>	23c. DATE SIGNED <u>6-22-50.</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JUNE 18 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>DUNKLIN CEMETERY</u>
DATE REC'D BY LOCAL REG. <u>June 26 1950</u>	REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> <u>428</u>	24d. LOCATION (City, town, or county) (State) <u>MO</u>

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>W. J. Phelps Poplar Bluff Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

S. No. 300
V. 10. 48

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110

976-idea

RECEIVED

JUL 3 1980

BUTLER CO. HEALTH CENTER

FILE No. ~~750-280~~ 750-280

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 *N. T. Phelps* _____

Licensed Embalmer No. 3231

P. O. Address Peplaw Bluffs

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.