

FILED AUG 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25928

| | | | | | | | |
|---|----------------------------------|--|---|--|---|---|--------------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>1</u> | | PRIMARY REG. DIST. NO. <u>5004</u> | | Registrar's No. <u>217</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>ADAIR</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ADAIR</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL- MINEVEH</u> | | c. LENGTH OF STAY (in this place) <u>0</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN. <u>0010</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. C-3 mile N. of Novinger</u> | | | | d. STREET ADDRESS (If rural, give location) <u>Novinger, Mo. RR</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>Ernest</u> (Type or Print) | | | b. (Middle) <u>Eugene</u> | | | c. (Last) <u>Lawrence</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 8, 1950</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>Nov. 9, 1894</u> | 9. AGE (in years last birthday) <u>55</u> | IF UNDER 1 YEAR Months <u>9</u> | IF UNDER 11 HRS. Days <u>3</u> | IF UNDER 24 HRS. Hours <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>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>Joseph E. Lawrence</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Dilla White</u> | | 14. NAME OF HUSBAND OR WIFE <u>Cassie Lawrence</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WWI</u> | | 16. SOCIAL SECURITY NO. <u>RD.</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ernest Lawrence, Novinger, Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of skull Automobile accident (car-truck)</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>instant</u> | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>head on collision</u> | | | | <u>58163</u> <u>26</u> | |
| | | DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 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>public highway</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mineveh township Adair Missouri</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug. 8, 1950 3P m.</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Head on collision of car and truck</u> | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Robert B. Davis, Coroner</u> | | | | 23b. ADDRESS <u>Adair County Missouri</u> | | 23c. DATE SIGNED <u>8-8-50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u> | | 24b. DATE <u>Aug. 11, 50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Green Grove Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Adair Co. Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>8-11-50</u> | | REGISTRAR'S SIGNATURE <u>Kate Lambert</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robert B. Davis, Kirksville Mo</u> | | | |

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

NOT 19195

Date Received: **AUG 2**
DISTRICT HEALTH OFFICE
District File Number 8-50
Date Filed: **AUG 22 1933**

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 B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirksville, Missouri.

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.