

26677

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 22 1950

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 282

1. PLACE OF DEATH a. COUNTY <u>Henry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u> <u>0422</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>320 North Main St</u>			d. STREET ADDRESS (If rural, give location) <u>320 N Main St</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES'S SHERMAN</u> b. (Middle) <u>LAWRENCE</u> c. (Last) <u>LAWRENCE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-12-1950</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>9-3-1864</u>		9. AGE (In years last birthday) <u>86</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Savannah Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Solomon Lawrence</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Simpson</u>	
14. NAME OF HUSBAND WIFE <u>Sarah Lawrence</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>✓</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Sarah Lawrence</u>		18. ADDRESS <u>Clinton Mo</u>			

18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>2 YR</u>		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>CORONARY OCCLUSION</u>					
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>					
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) _____		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 19 Aug, 1950, to 19 Aug, 1950, that I last saw the deceased alive on 19 Aug, 1950, and that death occurred at 6:15pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Hugh B. Walker, MD</u> (Degree or title)		23b. ADDRESS <u>Clinton, Mo.</u>		23c. DATE SIGNED <u>14 Aug 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-15-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Mound</u>	
24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Florence Adams</u>			
DATE REC'D BY LOCAL REG. <u>Aug-5-1950</u>		ADDRESS <u>Clinton Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 19 1950

RECEIVED 8-2
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 8-21-50

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 L. Runney

Licensed Embalmer No. 4780

P. O. Address Clinton 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.