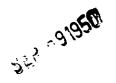
•	. THE DIVISION OF HE	ALTH OF MISSOURI		DECIMA
FILED AUG 22 1950	STANDARD CERTIF	ICATE OF DEATH	State File No	~0077
BIRTH NO.		PRIMARY REG. DIST. NO.	302 Registrar's No.	282
I. PLACE OF DEATH	in F	2. USUAL RESIDENCE (
Kenny		- Massar	n N	cerry .
b. CITY (If outside corporate limits, write TOWN	a RURAL and give c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limit OR TOWN	to, write RURAL and give towns	0422
d. FULL NAME OF (If not in bospital of HOSPITAL OR INSTITUTION 320 N	or institution, give street address or location)	d. STREET (If rains)	n give location)	22
	b. (Middle)	c. (Last)	4. DATE (Month)	(Day) (Year)
DECEASED	Ite SHEXMAN	LAWRENCE	OF DEATH	12-1950
5. SEX -/) 6. COLOR OR RAC	E 17 MARRIED, NEVER MARRIED,	LAWRENCE 18. DATE OF BIRTH	1 9. AGE (In years) IF UNDER	
Male White	WIDOWED, DIVORCED (Specify)	9-2-1864	last birthday) Months	Days Hours Min.
IOa. USUAL OCCUPATION (Give kind of wo		11. BISTHPLACE (State or foreign	eountry)	12. CITIZEN OF WHAT
Careeten		Savamad	Messeri	4.5.4.
3a. PATHER'S NAME	136. MOTHER'S MAIDEN	NAME 14. N	ME OF HEMPHANES WIF	E
Jolanew Tawre	ue Tuenda	dampson de	rop Lawr	ence
15. WAS DECEASED EVER IN U.S. ARME (Yee, no, or unknown) (If yee, give war or de		17. INFORMANT'S SIGN	TATURE OR NAME	ADDRESS
NO 1	MEDICAL	CERTIFICATION	the Car	INTERVAL BETWEEN
18. CAUSE OF DEATH Enter only one cause per I. DISEASE OF DIRECTLY LE	R CONDITION COROLA COROLA	NARY OCCL	USION	ONSET AND DEATH
ANTECEDENT	CAUSES			` .
" I DIE GOES TOT THEOTIL	ions, if any, giving DUE TO (b)		<u> </u>	-
as heart failure, asthenia, the underlying	re cause (a) scaring			
stc. It means the ais-	DUE TO (c)	A-		
tion which caused death. II. OTHER SIG	INIFICANT CONDITIONS			1110
Conditions con	stributing to the death but not isease or condition causing death.			7701
	FINDINGS OF OPERATION	* • · · * · ·		20. AUTOPSY7
TION				YES O NO D
I 21a. ACCIDENT (Bpecify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in crabout home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSH	IP) (COUNTY)	(STATE)
	(Hour) 21e, INJURY OCCURRED	217. HOW DID INJURY OCCURT		
21d. TIME (Month) (Day) (Year) OF INJURY	WHILE AT NOT WHILE	ZII. NOW DID INSURT GOODIN	•	
	m. WORK AT WORK	~	<u> </u>	
22. I hereby certify that I attended alive on 19 Quar, 19	ed the deceased from 19 Au 50, and that death occurred at	19. 15 pm., from the cause	, 19,00, that I lases and on the date state	it saw the deceased above.
23a. SIGNATURE	(Degree or title)	23b. ADDRESS		23c. DATE SIGNED
Number July	alber MD Coroner	Clinton	Mo.	14 aug 195,
24a, BURIAK, CREMA- 24b, DATE	24c. NAME OF CEMETER	RY OR CREMATORY 24d. LOC	ATION (Oity, town, or cour	nty) (Sinte)
TION REMOVAL (Breaks)	1950 Pleasant	mound Os	rede. 7	Mo
DATE REC'D BY LOCAL REGISTRAR	'S SIGNATURE 422	25. FUNERAL DIRECTOR'S	SI GNATURE A	DDRESS.
(1. 4- 185h A)	Mense adams	Sie Komani D	Durance C	luctor
ma-2-1100 0-0	(Licensed Embelman's	Statement on Reverse Side)	-	FiA
V	. Intimed turnether a		•	



RECEIVE 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 c	ertificate was embalmed i	by me, or by
		•
	Student Embalmer No.	*

working under my personal supervision.

Licensed Embalmer No...

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply v the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.