

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30824

State File No. \_\_\_\_\_

FILED OCT 13 1950

BIRTH NO. 0495 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 211 Registrar's No. 422

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Joplin</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin</b> <u>0495</u>	
c. LENGTH OF STAY (in this place) <b>1 Day</b>		d. STREET ADDRESS (If rural, give location) <b>N. Main St., Road</b> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mike</b>	b. (Middle) <b>B.</b>	c. (Last) <b>LAWRENCE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 20, 1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> <u>2</u>	8. DATE OF BIRTH <b>May 26, 1868</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Day IF UNDER 12 HRS. Hours Min. <b>82</b> <u>3</u> <u>25</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Mine Operator</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Manager</b>	11. BIRTHPLACE (State or foreign country) <b>Sullivan, Ill.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Estella M. Lawrence</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>M.E. Lawrence</b>	ADDRESS <b>Joplin, Mo.</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia Bilal Broncho</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Has had Cardiac Valve &amp; myocarditis part 2 M.O.</b>	
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 type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 9-17, 1950, to 9-19, 1950, that I last saw the deceased alive on 9-17, 1950, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <i>M. H. Crawford</i>	(Degree or title)	23b. ADDRESS <b>Joplin</b>	23c. DATE SIGNED <b>9/21/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-22-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Carthage, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>9/21/50</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS <b>Ulmer Funeral Home Carthage, Mo.</b>
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

M. H. Crawford

RECEIVED 10-9-50  
Jasper County Health Office

County File Number 50-9-717

Date Filed 10-10-50

**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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed *John S. Pennek*  
Licensed Embalmer No. 41940  
P. O. Address \_\_\_\_\_

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.