

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

3755

State File No. ....

16

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6227 Registrar's No. ....

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Vernon</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Deerfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Deerfield</u>	
c. LENGTH OF STAY (in this place) <u>25 yrs.</u>		1080	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT HOME</u>		d. STREET ADDRESS (If rural, give location) <u>NONE</u>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>Samuel</u> c. (Last) <u>Lawrence</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Jan 26 1952</u>			
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<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)</b> <u>married</u>		<b>8. DATE OF BIRTH</b> <u>July 12, 1887</u>		<b>9. AGE</b> (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>14</u>		IF UNDER 12 HRS. Hours <u></u> Min. <u></u>	
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Saw Mill Owner</u>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Saw Mill</u>			<b>11. BIRTHPLACE</b> (State or foreign country) <u>Sully Co. So. Dakota</u>			<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>		
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<b>13a. FATHER'S NAME</b> <u>John Lawrence</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Alice Clark</u>			<b>14. NAME OF HUSBAND OR WIFE</b> <u>Nellie Lawrence</u>		
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>498-28-7349</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Nellie Lawrence</u>				<b>ADDRESS</b> <u>Deerfield, Mo</u>	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>						<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary thrombosis, acute</u>						<u>one hour</u>	
		<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		<b>DUE TO (b)</b> _____							
		<b>DUE TO (c)</b> _____							
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.							

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>						<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> <u>4201</u>		<b>(COUNTY)</b>		<b>(STATE)</b>	
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.				<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
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**22. I hereby certify that I attended the deceased from Jan 26, 1952, to Jan 26, 1952, that I last saw the deceased alive on Jan 26, 1952, and that death occurred at 6:10 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>James J. Pascoe, M.D.</u> (Degree or title)			<b>23b. ADDRESS</b> <u>Moore Building Nevada, Missouri</u>			<b>23c. DATE SIGNED</b> <u>Jan 28 1952</u>		
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>24b. DATE</b> <u>1-28-52</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Deerfield Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Deerfield, Mo.</u>			
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<b>DATE REC'D BY LOCAL REG.</b> <u>2-1-1952</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Anna G. Perry</u>			<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Pichinger Funeral Home</u>					<b>ADDRESS</b> <u>Nevada, Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300  
V. 10.48

1080

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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 Embalmer No.....

Signed.....

*Harry E. Monroe*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4495*

P. O. Address *Nevada, 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.