

707-09-6427
FILED MAR 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3845
State File No.

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Van Buren</u> c. TOWNSHIP <u>Row</u>	
b. CITY OR TOWN <u>Kirksville</u>		c. CITY OR TOWN <u>Farmington</u>	
c. LENGTH OF STAY (in this place) <u>6 Wks</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlins Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Edward</u> c. (Last) <u>Lawrence</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-24-52</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-25-1889</u>	9. AGE (in years last birthday) <u>62</u>	IF UNDER 1 YEAR: Months <u>9</u> Days <u>27</u> IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Station Agent</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CB&Q Ry</u>		11. BIRTHPLACE (State or foreign country) <u>Cincinnati - Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>					

13a. FATHER'S NAME <u>John Lawrence</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Van Arsdale</u>		14. NAME OF HUSBAND OR WIFE <u>Sadie Ransom</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>707-09-6424</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sadie Lawrence</u> ADDRESS <u>Farmington Iowa</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of pancreas with widespread metastasis</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (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.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>157X</u>					

19a. DATE OF OPERATION <u>1-10-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Inoperable cancer of pancreas with metastasis to liver, etc</u>				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) _____		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 1-9-52, to 2-24-52, 1952, that I last saw the deceased alive on 2-24-52, 1952, and that death occurred at 9:45 p.m., from the causes and on the date stated above. 5:46P

23a. SIGNATURE <u>Earl Laughlin</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Kirksville, Mo.</u>		23c. DATE SIGNED <u>3-1-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-26-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Milan Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Schoenes</u> ADDRESS <u>Milan Mo</u>			
DATE REC'D BY LOCAL REG. <u>3-6-52</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>			

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

0130

FEB 17 1953

MAY 3 1953

APR 24 1953

MAR 25 1953

MAY 26 1952

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 Dwight Schover

Licensed Embalmer No. 2667

P. O. Address Urbana, Ill.

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.