

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16339
Registrar's No. 193

FILED MAR 3 1952

BIRTH NO. _____ REG. DIST. NO. 126 PRIMARY REG. DIST. NO. 2000

S. No. 300
V. 10.48
0396
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Ozark Co.</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Foil</u>	
c. LENGTH OF STAY (in this place)		1790	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Springfield Baptist Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	

3. NAME OF DECEASED a. (First) <u>Ran</u> b. (Middle) <u>Lawrence</u> c. (Last) <u>Lawrence</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 27, 1952</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>1904 Sept 30</u>	9. AGE (In years) at birthday: <u>47</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Ozark County, Mo.</u>	
13a. FATHER'S NAME <u>John Lawrence</u>		13b. MOTHER'S MAIDEN NAME <u>Lisa Malone</u>		14. NAME OF HUSBAND OR WIFE <u>Eddie Lawrence</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eddie Lawrence</u>		ADDRESS <u>Foil, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>RENAL FAILURE; UREMIA</u>		<u>14 day</u>
	ANTECEDENT CAUSES DUE TO (b) <u>LEFT RENAL FUSION + ECTOPIA</u> DUE TO (c) <u>+ LEFT RENAL CALCULI + pyelonephritis</u>		<u>Since birth</u> <u>1 year (?)</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>NONE</u>	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) <u>7573</u>
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 Feb. 16, 1952, to Feb. 27, 1952, that I last saw the deceased alive on Feb. 27, 1952, and that death occurred at 10⁰⁰ a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>William F. Johnson, M.D.</u> (Degree or title)	23b. ADDRESS <u>500 med. auto bldg, Saff., Mo.</u>	23c. DATE SIGNED <u>Feb. 27, 1952</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-2-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Thornfield</u>
24d. LOCATION (City, town, or county) (State) <u>Thornfield, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>2-29-52</u>	REGISTRAR'S SIGNATURE <u>James H. Amos, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clinkingbeard Funeral Home, Ava, Mo.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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.

Signed Charles R. Fish

Signed _____
Student Embalmer

Licensed Embalmer No. 4662

P. O. Address Owa, 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.