

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9482**

APR 15 1952

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **78**

1. PLACE OF DEATH a. COUNTY Randolph			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph		
b. CITY OR TOWN Moberly		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) Moberly		d. STREET ADDRESS (If rural, give location) 215 Halleck
d. FULL NAME OF HOSPITAL OR INSTITUTION 215 Halleck					
3. NAME OF DECEASED a. (First) Elsie b. (Middle) Ellen c. (Last) Lawrence			4. DATE OF DEATH (Month) (Day) (Year) Apr 4 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Aug 10 - 1865	9. AGE (in years last birthday) 86	10. IF UNDER 1 YEAR Months 7 Days 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) Wis. 1		12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME MACK BARDWIN		13b. MOTHER'S MAIDEN NAME FOLISA PLUMMER	14. NAME OF HUSBAND OR WIFE GEORGE LAWRENCE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -		16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME FERN LAWRENCE ADDRESS MOBERLY, MO.		
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 days year
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4222				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Jan , 1950, to April 4 , 1952, that I last saw the deceased alive on April 4 , 1952, and that death occurred at 10:45 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Dr. H. M. Corneil D.O.			23b. ADDRESS 900 1/2 Reed St. Moberly Mo		23c. DATE SIGNED 5-6-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4-6-52	24c. NAME OF CEMETERY OR CREMATORY Oakland	24d. LOCATION (City, town, or county) (State) Moberly Mo		
DATE REC'D BY LOCAL REG. 4-6-52	REGISTRAR'S SIGNATURE Reah	25. FUNERAL DIRECTOR'S SIGNATURE Mahran and son ADDRESS Moberly, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

25883

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 Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.