S. No. 300
v. 10.48

LED APR 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12574

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4197 Registrar's No. 30

0380

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

1. PLACE OF DEATH
a. COUNTY: Gentry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stanberry
c. LENGTH OF STAY (in this place): lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Stanberry

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Gentry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stanberry 0380
d. STREET ADDRESS (If rural, give location): South 1st. St.

3. NAME OF DECEASED (Type or Print)
a. (First) Mr. Lawrence
b. (Middle) Wilson
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): April 12 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): N M O
8. DATE OF BIRTH: Oct. 9 1886
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Stanberry, Mo.
12. CITIZEN OF WHAT COUNTRY?: U. S. A

13a. FATHER'S NAME: Jess Wilson
13b. MOTHER'S MAIDEN NAME: Nettie Wetherell
14. NAME OF HUSBAND OR WIFE: single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: notknown
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Esther Sharp Moberly, Mo. — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drunken exp. [illegible]

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Found in City
DUE TO (c) Dummy

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 3222
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-12, 1952, *to* 4-12, 1952, *that I last saw the deceased alive on* 4/12, 1952, *and that death occurred at* 4 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles N. Williamson Coroner Gentry Co.
23b. ADDRESS: Gentry, Mo
23c. DATE SIGNED: 4/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify): 302-1060
24b. DATE: 4/14/52
24c. NAME OF CEMETERY OR CREMATORY: High Ridge
24d. LOCATION (City, town, or county) (State): Stanberry, Gentry, Mo

DATE REC'D BY LOCAL REG.: April 14-52
REGISTRAR'S SIGNATURE: Maude Williams 4621
25. FUNERAL DIRECTOR'S SIGNATURE: Laton K. Phillips
ADDRESS: Stanberry, Mo

(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, [redacted] .....

....., [redacted] .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Latoy H. Phillips

Licensed Embalmer No. 1898

P. O. Address Stoneham, Mass.

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.