

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29026**

FILED AUG 19 1952

BIRTH NO. _____		REG. DIST. NO. 282		PRIMARY REG. DIST. NO. 5976		Registrar's No. 98		
1. PLACE OF DEATH: a. COUNTY POLK				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Missouri b. COUNTY POLK				
b. CITY (If outside corporate limits, write RURAL and give township) WALNUT GROVE		c. LENGTH OF STAY (in this place) 46 1/2 years		c. CITY (If outside corporate limits, write RURAL and give township) WALNUT GROVE		OR TOWN 0840		
d. FULL NAME OF HOSPITAL OR INSTITUTION RESIDENCE				d. STREET ADDRESS (If rural, give location) R # 3				
3. NAME OF DECEASED (Type or Print) a. (First) WALTER			b. (Middle) CECIL		c. (Last) LAURENCE		4. DATE OF DEATH (Month) (Day) (Year) JULY 29 1952	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH SEPT 14 - 1860		9. AGE (In years last birthday) 91	10. CITIZEN OF WHAT COUNTRY? U.S.A	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY FARMER		11. BIRTHPLACE (State or foreign country) DADE COUNTY - MO		12. CITIZEN OF WHAT COUNTRY? U.S.A		
13a. FATHER'S NAME WILLIAM LAURENCE			13b. MOTHER'S MAIDEN NAME ANGELINE ACOFF		14. NAME OF HUSBAND OR WIFE			
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. NONE		17. INFORMANT'S SIGNATURE OR NAME WILLIAM ROGER LAURENCE			
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Langrene of feet ANTECEDENT CAUSES Anterio of feet Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ 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			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) 4501				
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 May 15 - 1952 to July 29, 1952 , that I last saw the deceased alive on July 25, 1952 , and that death occurred at 1:30 P. M. , from the causes and on the date stated above.								
23a. SIGNATURE W. J. [Signature]				23b. ADDRESS W. J. [Address]		23c. DATE SIGNED Aug 11 - 52		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY 31 - 1952		24c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEMETERY		24d. LOCATION (City, town, or county) (State) WALNUT GROVE MO		
DATE REC'D BY LOCAL REG. Aug 12, 1952		REGISTRAR'S SIGNATURE Ralph Gardner		25. FUNERAL DIRECTOR'S SIGNATURE James [Signature]		ADDRESS Walnut Grove - Mo		

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

(Revised Embalmers' 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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed

Wayne L. Daniel

Licensed Embalmer No. *4202*

P. O. Address *Apex Grove - N.C.*

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.