

U.S. No. 300 FILED JUN 1 - 1953  
REV. 10-48

STANDARD CERTIFICATE OF DEATH

State File No. **17116**

BIRTH NO.		REG. DIST. NO. <b>42</b>		PRIMARY REG. DIST. NO. <b>1000</b>		Registrar's No. <b>613</b>	
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b> <i>01174</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b> <i>110</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>3 months</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Rushville</b> <i>/</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Park View Nursing Home</b> <i>1006 Dewey Ave</i>				d. STREET ADDRESS (If rural, give location) <b>Rushville</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Milton</b> b. (Middle) <b>Sewell</b> c. (Last) <b>Lawrence</b>			4. DATE OF DEATH Month <b>May</b> Day <b>20</b> Year <b>1953</b>				
5. SEX <b>Malw</b> <i>/</i>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> <i>✓</i>	8. DATE OF BIRTH <b>July 23, 1864</b>	9. AGE (in years last birthday) <b>88</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b> <i>0</i>		12. COUNTRY OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Milton Lawrence</b>		13b. MOTHER'S MAIDEN NAME <b>Mary E. Sewell</b>		14. NAME OF HUSBAND OR WIFE <b>Unknown</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Florence Page</b> <b>Rushville, Mo.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Urinemia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Obstructive Prostate</b> DUE TO (c) <b>Cerebral Hemorrhage</b>  II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)				INTERVAL BETWEEN ONSET AND DEATH <b>3 wks</b>  <b>1 hr</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION. <b>612 x</b>				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 <b>8-21</b> , <b>19 52</b> to <b>5-20-</b> , <b>19 53</b> ; that I last saw the deceased alive on <b>5-18</b> , <b>19 53</b> , and that death occurred at <b>9:05P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Name or Title) <i>(Signature)</i>				23b. ADDRESS <b>218 No. 7th, St. Joseph, Mo.</b>		23c. DATE SIGNED <b>5-23-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 23, 53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sugar Creek Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Rushville Missouri</b>	
DATE REC'D BY LOCAL REG. <b>May 29, 1953</b>		REGISTRAR'S SIGNATURE <i>(Signature)</i>		5. FUNERAL DIRECTOR'S SIGNATURE <b>Savin-Dyer</b>		ADDRESS <b>Atchison, Kansas</b>	

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

(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.

Student .....  
Student Embalmer

Signed J. M. Syer

Licensed Embalmer No. 4320

P. O. Address Atchison, Kan.

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.