No. 300
10.48

FILED JUL 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19605

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 3041 Registrar's No. 251

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Macon
c. LENGTH OF STAY (in this place): 10 min
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bevier Mo
d. STREET ADDRESS (If rural, give location): RR 2

0610

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle): Ann
c. (Last): Lawrence

4. DATE OF DEATH (Month) (Day) (Year): 6 - 18 - 54

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 11-28-52
9. AGE (In years last birthday): 1 — IF UNDER 1 YEAR: Months 5, Days 20 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ✓
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Kirksville Mo
12. CITIZEN OF WHAT COUNTRY?: ✓
13a. FATHER'S NAME: John Lawrence
13b. MOTHER'S MAIDEN NAME: Mildred Riley
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Mildred Lawrence
ADDRESS: Bevier Mo

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): Skull fracture Basilar — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.
ANTECEDENT CAUSES: struck by automobile
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: E8300 25
Conditions contributing to the death but not related to the disease or condition causing death.

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home, driveway
21c. (CITY, TOWN, OR TOWNSHIP): Bevier — (COUNTY): Macon — (STATE): Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6 18 54 6 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: struck By automobile, in driveway

22. *I hereby certify that I attended the deceased from* 6/18, 1954, *to* _____, 19__, *that I last saw the deceased alive on* 6/18, 1954, *and that death occurred at* 6 52 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James E. Campbell, MD
23b. ADDRESS: Macon Mo.
23c. DATE SIGNED: 6/23/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/20-54
24c. NAME OF CEMETERY OR CREMATORY: West Oakwood Cem
24d. LOCATION (City, town, or county) (State): Bevier Mo

DATE REC'D BY LOCAL REG.: 6/26/54
REGISTRAR'S SIGNATURE: Ruth McCreary 185-0
25. FUNERAL DIRECTOR'S SIGNATURE: M.S. Edwards
ADDRESS: Bevier, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-28-54
MACON COUNTY HEALTH DEPARTMENT
County File No. 6-54-125
Date Filed 6-30-54

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 D. S. Edwards

Licensed Embalmer No. 1961

P. O. Address Bevier 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.