

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43150

State File No. 66

FILED DEC 20 1954

BIRTH NO. _____		REG. DIST. NO. 381		PRIMARY REG. DIST. NO. 6183		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Sullivan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE 1110 b. COUNTY Sullivan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Polk Twp		c. LENGTH OF STAY (In this place) 54413		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN Rural - Polk Twp 1050		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) Alva b. (Middle) Wayne c. (Last) Lawrence			4. DATE OF DEATH (Month) (Day) (Year) 12-4-1954				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 10-17-1900	
9. AGE (In years last birthday) 54		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (City and State or Foreign Country) Milan, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Wm. S. Lawrence		13b. MOTHER'S MAIDEN NAME Viola E. Tipton		14. NAME OF HUSBAND OR WIFE Bessie Browning			
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. _____		17. INFORMANT'S SIGNATURE OR NAME Bessie Lawrence		ADDRESS Milan 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Self inflicted shot gun wound in head. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) No suspicion of foul play. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E976X				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) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on Farm		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Polk Twp. Sullivan 1110			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12 4 1954 9a m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Shot gun wound in head. Self inflicted			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9 a m., from the causes and on the date stated above.							
23a. SIGNATURE Curtis L. Rankin Sheriff				23b. ADDRESS Milan 1110		23c. DATE SIGNED 11/4/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-6-1954		24c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cem		24d. LOCATION (City, town, or county) (State) Sullivan Co 1110	
DATE REC'D BY LOCAL REG. 12-13-54		REGISTRAR'S SIGNATURE Mrs. H. B. Harriot		25. FUNERAL DIRECTOR'S SIGNATURE Schroeyes		ADDRESS Helen	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Wright Schoene

Licensed Embalmer No. 2667

P. O. Address Milan - 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.