No. 300
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FILED JUL 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18078

BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 5295 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY: Clinton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Concord
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.F.D. 2 Plattsburg Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clinton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Concord Twp.
d. STREET ADDRESS (If rural, give location): R.F.D. 2 Plattsburg Mo.

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

4. DATE OF DEATH (Month) (Day) (Year): June 20 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 4 1911
9. AGE (In years last birthday): 44
IF UNDER 1 YEAR: Months: 2 Days: 16
IF UNDER 24 HRS.: Hours: Min.:

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

13a. FATHER'S NAME: Edgar Lawrence
13b. MOTHER'S MAIDEN NAME: Flossie Stockmyer
14. NAME OF HUSBAND OR WIFE: Hester Lawrence

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): X X
16. SOCIAL SECURITY NO.: 491-10-5486
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Hester Lawrence
ADDRESS: Plattsburg 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) Myocardial failure, acute — INTERVAL BETWEEN ONSET AND DEATH: 15-20 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Thrombosis — 15-20 min
DUE TO (c) 4201

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary fibrosis and emphysema, chronic. — 10-15 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
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* June 2, 1955, *to* June 20, 1955, *that I last saw the deceased alive on* June 20, 1955, *and that death occurred at* 11 pm., *from the causes and on the date stated above.*

23a. SIGNATURE: John P. Mabry (Degree or title) M.D.
23b. ADDRESS: Plattsburg, Mo.
23c. DATE SIGNED: June 26, 1955

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-23-55
24c. NAME OF CEMETERY OR CREMATORY: Green Lawn
24d. LOCATION (City, town, or county) (State): Plattsburg Mo.

DATE REC'D BY LOCAL REG.: June 25-55
REGISTRAR'S SIGNATURE: Elizabeth Scearce
44-0
25. FUNERAL DIRECTOR'S SIGNATURE: D. E. Lyon
ADDRESS: Plattsburg Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 Darrell D. Lyon

Licensed Embalmer No. 3640

P. O. Address Pittsburg MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.