

FILED MAR 22 1956

## STANDARD CERTIFICATE OF DEATH

State File No. 10148

BIRTH NO. REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 5953 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <b>Pike</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural</b>		c. CITY OR TOWN <b>Overland</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4 Mi. West Louisiana</b>		c. LENGTH OF STAY (in this place) <b>3 weeks</b>	
		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>9642 Midland</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) <b>Paul</b> c. (Last) <b>Lawrence</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 11 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 23 1925</b>
9. AGE (In years last birthday) Months Days <b>30 8 8</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Iron worker</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>	
		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>James Lawrence</b>		13b. MOTHER'S MAIDEN NAME <b>Sophia Derda</b>		14. NAME OF HUSBAND OR WIFE <b>Betty Lawrence</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes WW# 2</b>		16. SOCIAL SECURITY NO. <b>+62 24 1022</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Betty Lawrence</b>	
				ADDRESS <b>9642 Midland Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Crushed Chest, Trauma to Heart</b>					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Mortid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Multiple fractures of face</b>			
		DUE TO (c) <b>left arm, right leg</b>			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 54</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Louisiana Pike Mo.</b>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>March 11 56 130A</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>automobile accident</b>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased ~~dead~~ on **March 11, 1956**, and that death occurred at **130A** m., from the causes and on the date stated above.

23a. SIGNATURE: <b>J. O. Mudd Coroner</b>		(Degree or title)		23b. ADDRESS <b>Bowling Green Mo.</b>		23c. DATE SIGNED <b>3/11/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>March 13 56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fee Fee Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Pattonville Mo.</b>	
DATE REC'D BY LOCAL REG <b>March 13, 1956</b>		REGISTRAR'S SIGNATURE <b>Bernice Callier</b>		1374		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ortman Funeral Home</b>	
						ADDRESS <b>Overland, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 2 1956

APR 2 1956

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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.....  
Signature of Student Embalmer

Signed.....  
*James O. Medel*

Licensed Embalmer No. *41*

P. O. Address *Bearington*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.