

FILED APR 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12089

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4515 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY Sullivan			2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE MO COUNTY Sullivan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Milan		c. LENGTH OF STAY (in this place) 24 hrs	c. CITY OR TOWN Milan		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sull. Co. Mem. Hosp			e. STREET ADDRESS (If rural, give location) 1050			
3. NAME OF DECEASED (Type or Print) a. (First) Mary Elizabeth b. (Middle) Lawrence c. (Last) Lawrence			4. DATE OF DEATH (Month) (Day) (Year) 3 24-1956			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 8-16-1890	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 7 Days 8	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Peoria MO		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Arthur Brandon		13b. MOTHER'S MAIDEN NAME Ida Hutchinson		14. NAME OF HUSBAND OR WIFE Lewis Lawrence (dead)		
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 ADDRESS Arthur Lawrence 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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 3-24-56
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201 Milan MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 2-27-1956, to 3-24-1956, that I last saw the deceased alive on 3-24-1956, and that death occurred at 9 PM, from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) W. Simpson PO			23b. ADDRESS Milan		23c. DATE SIGNED 4-4-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-26-56	24c. NAME OF CEMETERY OR CREMATORY Oakwood Cem.	24d. LOCATION (City, town, or county) (State) Milan MO			
DATE REC'D BY LOCAL REG. 4-4-56		REGISTRAR'S SIGNATURE Mrs. M. W. Beckett	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schoene Funeral Home 1050 Milan MO			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MARK A PLAINLY

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Dwight Schoerer

Licensed Embalmer No. *2*

P. O. Address.....
Wilton

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.