

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35079

FILED NOV 13 1956

STATE FILE NUMBER

Registration District No. 292 Primary Registration District No. 6001 Registrar's No. \_\_\_\_\_

300  
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. **USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE**

1. PLACE OF DEATH a. COUNTY <b>RALLS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MARION</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SALINE TOWNSHIP</b>		c. CITY OR TOWN <b>MONROE CITY</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>U.S. HIGHWAY 36</b>		d. STREET ADDRESS (If outside, give location) <b>N. ELM STREET</b>	

3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>FLOYD</b> Last <b>LAWRENCE</b>			4. DATE OF DEATH Month <b>SEPT</b> Day <b>19</b> Year <b>1956</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MAY 13, 1913</b>	9. AGE (In years last birthday) <b>43</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>6</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DAY LABORER</b>			11. BIRTHPLACE (City and state or country) <b>MONROE COUNTY, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>JAMES O. LAWRENCE</b>			14. MOTHER'S MAIDEN NAME <b>MAE FLOYD</b>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>	16. SOCIAL SECURITY NO. <b>WAR 2 491-14-0398</b>	17. INFORMANT <b>Mrs Wanda Lawrence</b> Address <b>Monroe City, Mo</b>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>HEAD &amp; CHEST INJURY</b>		INTERVAL BETWEEN ONSET AND DEATH <b>SUDDEN</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>AUTO ACCIDENT</b>	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>8234</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>AUTO ACCIDENT BY HITTING TELEPHONE POLE</b>	
20c. TIME OF INJURY Hour <b>8.40</b> Month, Day, Year _____ a. m. _____ p. m. _____	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>U.S. HIGHWAY 36</b>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <b>SALINE TOWNSHIP</b>	COUNTY <b>RALLS</b> STATE <b>MO</b>

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at **8.40 P.m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Clyde Wesley Carrow</b>	22b. ADDRESS <b>3 Perry, Mo. Ralls Co.</b>	22c. DATE SIGNED <b>11/6/1956</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>SEPT 22, 1956</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St Judes Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>MONROE CITY MO</b>
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24. FUNERAL DIRECTOR <b>Wilson &amp; Sons Monroe City, Mo</b>	25. DATE REC'D BY LOCAL REG. <b>11/6/1956</b>	26. REGISTRAR'S SIGNATURE <b>Clyde Wesley Carrow</b>
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(Licensed Embalmer's Statement on Reverse Side)

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Lester L. Linton.....

Licensed Embalmer No. 3019

P. O. Address Monroe Co

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.