

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All standard nomenclature in item 18. No symptoms will be listed. All standard nomenclature in item 18. No symptoms will be listed. All standard nomenclature in item 18.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

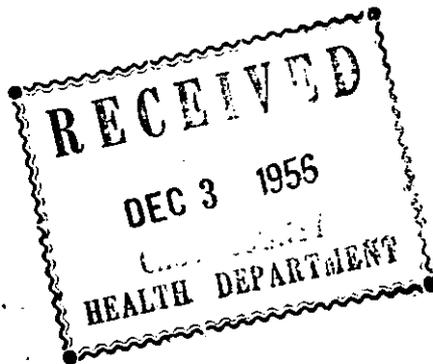
FILED DEC 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37319  
STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. 4101 Registrar's No. 161

1. PLACE OF DEATH a. COUNTY <b>Cass</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Raymore</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Raymore</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>own home</b>			Length of stay in lb <b>76 yrs</b>	d. STREET ADDRESS <b>none</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>MYRTLE MARY LAWRENCE</b>				First <b>MYRTLE</b>	Middle <b>MARY</b>	Last <b>LAWRENCE</b>	
4. DATE OF DEATH <b>Nov. 23, 1956</b>		Month <b>Nov.</b>	Day <b>23</b>	Year <b>1956</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 3, 1869</b>	9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
					Months	Days	
					Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Gentry Co., Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Andrew Jackson Walker</b>				14. MOTHER'S MAIDEN NAME <b>Sarah Jones</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>J. H. Lawrence</b>	Address <b>Belton, Mo.</b>			
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>medullary failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Embolic encephalomalacia</b> DUE TO (c) <b>arterio sclerosis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2 year.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input 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.)				
20c. TIME OF INJURY	Hour	Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE			
21. I attended the deceased from <b>1953</b> to <b>Nov 1956</b> and last saw her alive on <b>11-26</b> A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>John H. McKeese</b> (Deputy or title)			22b. ADDRESS <b>2 Belton Mo.</b>		22c. DATE SIGNED <b>11-25-56</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11/25/1956</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Raymore Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Raymore, Missouri</b>				
24. FUNERAL DIRECTOR <b>E. K. George &amp; Sons</b> ADDRESS <b>Belton, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>11/29/1956</b>	26. REGISTRAR'S SIGNATURE <b>Prudence Anderson</b> deputy			



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 Richard E. Seager

Licensed Embalmer No. 39

P. O. Address Boston

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.