

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 31 1956

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 170

1. PLACE OF DEATH a. COUNTY <u>Pike</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Laurissima</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St. Louis 2199</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pike Co. Hosp.</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>4373 McPherson</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Laurence</u> Middle <u>William</u> Last <u>due</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>19</u> Year <u>1956</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 22 1921</u>	9. AGE (In years last birthday) <u>35</u>	IF UNDER 1 YEAR Month <u>10</u> Day <u>27</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pool Tender</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Belgrade Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Orvil due</u>			14. MOTHER'S MAIDEN NAME <u>Cara Gordon</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give way & dates of service) <u>Yes World War 2</u>		16. SOCIAL SECURITY NO. <u>487-20-5813</u>		17. INFORMANT <u>Grace Pharis Peters Mo.</u> Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Basal Skull Fracture</u> DUE TO (b) <u>Trauma to Heart</u> DUE TO (c) <u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
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 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.) <u>automobile accident - one car.</u>		
20c. TIME OF INJURY Hour <u>1:15</u> a. m. Month <u>Nov</u> Day <u>18</u> Year <u>56</u>			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Hy 61</u>		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Cypress Pike Mo.</u>		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him on <u>Nov 19-56</u> Death occurred at <u>2</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>J. B. Mudd, coroner</u>			22b. ADDRESS <u>Beaulieu Green Mo.</u>		22c. DATE SIGNED <u>Dec 24-56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-22-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Belgrade Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Belgrade Mo.</u>
24. FUNERAL DIRECTOR <u>Mr. Luther Spink Peters Mo.</u> ADDRESS			25. DATE RECD. BY LOCAL REG. <u>Dec 27, 1956</u>		26. REGISTRAR'S SIGNATURE <u>Bernese Collier</u>

Doctor, coroner, etc. must use only standard nomenclature for diseases in Part I. Must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

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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 C. Merdel*.....

Licensed Embalmer No. *415*

P. O. Address *Beverly Hills*

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.