

FILED MAR 25 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8195

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>103</u>			
1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>MISSOURI</b>				b. COUNTY <b>FRANKLIN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WASHINGTON</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>UNION</b>		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 <b>ST. FRANCIS</b>				STREET ADDRESS (If rural, give location) <b>504 N. WASHINGTON</b>					
3. NAME OF DECEASED (Type or Print)			a. (First) <b>WELMA</b>		b. (Middle) <b>A.</b>		c. (Last) <b>LAWRENCE</b>		
4. DATE OF DEATH <b>MARCH 15 1957</b>		5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>			
8. DATE OF BIRTH <b>FEB. 20 1907</b>		9. AGE (In years last birthday) <b>50</b>		IF UNDER 1 YEAR Months <b>25</b>		IF UNDER 4 HRS. Hours <b>25</b>			
10a. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) <b>SHOE WORKER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>SHOE FACTORY</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>BAY, MISSOURI</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13a. FATHER'S NAME <b>LOUIS HOELMER</b>		13b. MOTHER'S MAIDEN NAME <b>DON'T KNOW</b>		14. NAME OF HUSBAND OR WIFE <b>JOSEPH LAWRENCE</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>188-26-0226</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS DORA CRIDER</b>				ADDRESS <b>UNION, MO</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Atherosclerosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>7 1/2 hrs</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Artery Dis</b>					
				DUE TO (c) <b>Destitute Melancholia</b>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>260x</b>				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)					
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 <u>11</u> , 19 <u>55</u> , to <u>3-15</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>3-14</u> , 19 <u>57</u> and that death occurred at <u>10:30 Am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Charles H. ...</i>				23b. ADDRESS <i>General ...</i>		23c. DATE SIGNED <b>3-16-57</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>3/17/57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>EVERGREEN</b>		24d. LOCATION (City, town, or county) (State) <b>LESLIE, FRANKLIN MO.</b>			
DATE REC'D BY LOCAL REG. <b>Mar. 18, 1957</b>		REGISTRAR'S SIGNATURE <i>J. L. ...</i>		25. FUNERAL DIRECTOR'S SIGNATURE <b>OLTMANN-FUNERAL HOME</b>		ADDRESS <b>UNION, MO.</b>			

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

EMAR 2 9 1951

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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 *Ralph Ottmann*

Licensed Embalmer No. *480*

P. O. Address *Union, N.J.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure 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.