

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8419**

FILED MAR 18 1957

BIRTH NO. _____ REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **3022** Registrar's No. **60**

1. PLACE OF DEATH a. COUNTY Harrison			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethany		c. LENGTH OF STAY (in this place) 2 Mo.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethany		d. STREET ADDRESS (If rural, give location) 1201 Vandivert St
d. FULL NAME OF HOSPITAL OR INSTITUTION at home			4. DATE OF DEATH (Month) (Day) (Year) 3-11-1957		
3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) Lawrence c. (Last)			4. DATE OF DEATH (Month) (Day) (Year)		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 5-19-1866	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Days 9
IF UNDER 24 HRS. Hours 22	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Centerton Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Stafford		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Rewben Lawrence	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Wayne Wilson Bethany Mo. ADDRESS			
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Virus Pneumonia				INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility				
	DUE TO (c)				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ovarian Cystic Hygroma Tumor				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 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)	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 7-5 , 19 55 , to 3-11- , 19 57 , that I last saw the deceased alive on 3-11- , 19 57 , and that death occurred at 3:45 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Ernest L. Wood D.D.		23b. ADDRESS Bethany, Missouri		23c. DATE SIGNED 3-13-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-14-1957	24c. NAME OF CEMETERY OR CREMATORY Dale Cemetery	24d. LOCATION (City, town, or county) (State) Bethany Mo.		
DATE REC'D BY LOCAL REG. 3-13-57	REGISTRAR'S SIGNATURE Zola Burris		25. FUNERAL DIRECTOR'S SIGNATURE W. H. ... Bethany, Mo. ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 26 1957

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
Student Embalmer

Signed M. B. Haas

Licensed Embalmer No. 3899

P. O. Address Bethany Mo.

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 this body is not embalmed, fact should be so stated above.