

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38813

State File No. _____

FILED NOV 12 1957

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>3072</u>		Registrar's No. <u>198</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u> <u>0972</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>625 E. College</u>				d. STREET ADDRESS (If rural, give location) <u>625 E. College</u>			
3. NAME OF DECEASED (Type or Print) <u>Stanley</u>		a. (First) <u>Thomas</u>		b. (Middle) <u>Lawrence</u>		c. (Last)	
4. DATE OF DEATH <u>November 3, 1957</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Dec. 9, 1897</u>		9. AGE (In years last birthday) <u>59</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hospital Attendant</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Richard Lawrence</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Alexander</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Josephine Lawrence</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>493-12-4048</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Josephine Lawrence, Marshall, Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>2</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				21. HOW DID INJURY OCCUR?	
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) <u>4201</u> (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"/>		22. I hereby certify that I attended the deceased from <u>made a medical examination</u> <u>Nov. 3, 1957</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:06 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>P.L. Lawrence</u>		23b. ADDRESS <u>Marshall, Mo.</u>		23c. DATE SIGNED <u>11-4-57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>11/5/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Finnis Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>S.W. Marshall, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>George Green, Marshall, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 5-57</u>		REGISTRAR'S SIGNATURE <u>Carl J. Reed</u>		ADDRESSES			

(Licensed Embalmer's Statement on Reverse Side)

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

529

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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
Student Embalmer

Signed _____

Licensed Embalmer No. 4220

P. O. Address Marshall, Missouri

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.