

FILED MAY 1 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013487
STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 278

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| 1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Cape Girardeau</u> 0164 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hospt.</u> | | Length of stay in 1b <u>19 days</u> | d. STREET ADDRESS (If outside, give location) <u>601 Highland</u> |
| | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>LORETTA</u> Middle <u>C.</u> Last <u>LAWRENCE</u> | | | 4. DATE OF DEATH Month <u>April</u> Day <u>14</u> Year <u>1958</u> | | |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>October 18, 1900</u> | 9. AGE (In years last birthday) <u>57</u> | IF UNDER 1 YEAR Months <u>5</u> Days <u>20</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Maid</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Private Home</u> | 11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> |
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| 13a. FATHER'S NAME <u>Alferd J. Lawrence</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary McCartney</u> | 14. NAME OF HUSBAND OR WIFE <u>None</u> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>500-16-7996</u> | 17. INFORMANT Address <u>George Lawrence Cape Girardeau, Mo</u> |
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| 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>Acute congestive heart failure</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Coronary occlusion</u> | |
| | DUE TO (c) <u>myocardial infarction</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u> | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) |
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| 20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a.m. <u></u> p.m. <u></u> | 20d. INJURY OCCURRED WHILE AT <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 <u></u> STATE <u></u> |
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| 21. I attended the deceased from <u>3/26/58</u> to <u>4/14/58</u> and last saw her alive on <u>4/14/58</u> Death occurred at <u>7:30 am</u> on the date stated above; and to the best of my knowledge, from the causes stated. | |
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| 22a. SIGNATURE (Degree or title) <u>J. H. Kenney MD</u> | 22b. ADDRESS <u>Cape Girardeau, Mo</u> | 22c. DATE SIGNED <u>4/14/58</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>April 17, 1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>S^t. Marys Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Missouri</u> |
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| 24. FUNERAL DIRECTOR <u>Walthers Funeral Home</u> | ADDRESS <u>Cape Gir. mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>April 26, 1958</u> | 26. REGISTRAR'S SIGNATURE <u>Mrs. Homer C. Cooper</u> |
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
-57
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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 *Virgil H. Welch*

Licensed Embalmer No. *4102*

P. O. Address *Cape Girardeau*

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.