

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-025622

STATE FILE NUMBER

FILED JUL 25 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3332

300  
1-57

4

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Kansas City, Conv Home</b>		Length of stay in 1b <b>53yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>4217 College</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>EDWARD</b> Last <b>LAWRENCE</b>			4. DATE OF DEATH Month <b>July</b> Day <b>6</b> , Year <b>1958</b>	
--	--	--	---	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 6, 1874</b>	9. AGE (In years at birthday) <b>84</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
-----------------------	----------------------------------	---	---	--	--------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sales</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Merchandiser</b>	11. BIRTHPLACE (City and state or country) <b>Windsor, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
---	--	--	--

13a. FATHER'S NAME <b>Simon Lawrence</b>	13b. MOTHER'S MAIDEN NAME <b>Dicie Spry</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Jennie 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>195-0708239</b>	17. INFORMANT <b>Mrs. Jennie Lawrence, 4217 College, K.C. Mo.</b>	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) <b>Cerebral embolism</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 wks</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Myocardial degeneration</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	

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 <b>June 23-58 July 6-58</b>	COUNTY	STATE
21. I attended the deceased from Death occurred at <b>June 23-58</b> to <b>July 6-58</b> and first saw her alive on <b>July 5-58</b> of the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <b>G. C. Remley</b> (Degree or title)		22b. ADDRESS <b>936 Argyle Blvd</b>		22c. DATE SIGNED <b>7-7-58</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>July 8, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
--	----------------------------------	---	---

24. FUNERAL DIRECTOR <b>Muehlebach Funeral Home, 6800 Troost</b>	ADDRESS <b>Kansas City, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>7-7-58</b>	26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>
---	------------------------------------	---	---

(City, County, State) (Registrar's Statement on Reverse Side)

Every doctor, nurse, or other person who has any information concerning the cause of death of a person who dies in Missouri must file a statement of the cause of death with the registrar. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

G. C. Remley

*D. Randle*  
*Lytle Bldg.*

*Vi 2 - 8873*

*11:00*



**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 *R. E. Nichols* .....

Licensed Embalmer No. *4997* .....

P. O. Address *K. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.