

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027941

STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 391 Primary Registration District No. 4505 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bell City</b>		c. CITY OR TOWN <b>Dexter</b> <b>10340</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Shetley Nursing Home</b>		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b <b>Home</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>Christena Lawrence</b>			4. DATE OF DEATH <b>May 28, 1958</b>		
First	Middle	Last	Month	Day	Year

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 18, 1871</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Month <b>9</b> Day <b>10</b>	IF UNDER 24 HRS. Hour <b>10</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired House-keeper</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Dexter, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13. FATHER'S NAME <b>Robert A. Moore</b>	14. MOTHER'S MAIDEN NAME <b>Disie Garner</b>
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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>none</b>	17. INFORMANT <b>Luther G. Smith, East Detroit, Michigan</b>
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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) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>13 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Arteriosclerosis &amp; Hypertension</b>	
	DUE TO (c) <b>Senility</b> <b>4201</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>a</b>

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 <b>11:15</b> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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>Dexter, Missouri</b>	COUNTY	STATE
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21. I attended the deceased from <b>May 8, 1958</b> to <b>May 28, 1958</b> and last saw her/him alive on <b>May 28, 1958</b> Death occurred at <b>11:15 P. M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>E. C. Masters</b> (Degree or title) <b>Do. 2</b>	22b. ADDRESS <b>Advance, Mo.</b>	22c. DATE SIGNED <b>June, 1958</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6-1-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Caroline Dowdy</b>	23d. LOCATION (City, town, or county) (State) <b>Dexter, Missouri</b>
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24. FUNERAL DIRECTOR <b>Shetley Funeral Home, Missouri</b>	ADDRESS <b>Bell City, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>6/9/58</b>	26. REGISTRAR'S SIGNATURE <b>Bessie Moore</b>
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Health, & Welfare Public, Service 300 1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 *J. J. Schuman*  
Licensed Embalmer No. *4*

P. O. Address *Malden*

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