

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029925  
STATE FILE NUMBER

FILED AUG 27 1958

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 47

5. 300  
7. 1-57  
1

1. PLACE OF DEATH a. COUNTY <b>PIKE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Pike</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bowling Green</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>0820 Bowling Green</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>NONE</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>Missouri</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>HARRY H. LAWRENCE</b>			4. DATE OF DEATH Month Day Year <b>August 19 1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct 1, 1878</b>
9. AGE (In years last birthday) <b>79</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>farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farming</b>	11. BIRTHPLACE (City and state or country) <b>Louisville, Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>ED LAWRENCE</b>	
13b. MOTHER'S MAIDEN NAME <b>MARtha Bilbro</b>		14. NAME OF HUSBAND OR WIFE <b>Nora LAWRENCE (DECEASED)</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>None</b>	17. INFORMANT Name Address <b>Hayden LAWRENCE, Bowling Green, Mo</b>
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>Renal Azotemia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5702- 12 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Biliary fistula chronic Pancreatic Stoppage of sphincter of Oddi, Intestinal gangrene</b>			<b>6 months</b>
DUE TO (c) <b>Mesenteric Thrombosis Intestinal gangrene</b>			<b>4 yes</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) <b>Periarteritis nodosa, Senile Arterio sclerosis</b>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.		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 COUNTY STATE	
21. I attended the deceased from <b>Jan 1958</b> to <b>Aug 17, 1958</b> and last saw her/him alive on <b>Aug 17, 1958</b> Death occurred at <b>Aug 19, 1958 330 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Ralph H. Hayden P.O. 2</b>		22b. ADDRESS <b>Bowling Green 519 main cross Mo</b>	22c. DATE SIGNED <b>Aug 19, 1958</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>21 Aug 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Louisville Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Louisville Mo</b>
24. FUNERAL DIRECTOR Name Address <b>John W. Butler Bowling Green</b>	25. DATE RECD. BY LOCAL REG. <b>8-23-58</b>	26. REGISTRAR'S SIGNATURE <b>Bill Robinson</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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.

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 *John W. Butler* .....  
Licensed Embalmer No. 4447 .....  
P.O. Address *Green, N.C.* .....

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.