

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044227  
STATE FILE NUMBER  
6006

FILED JAN 9 1959

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SALINE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MARSHALL 0972 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		Length of stay in 1b 1 DAY	d. STREET ADDRESS (If outside, give location) 616 E. JACKSON Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First CLARENCE Middle LAWRENCE Last			4. DATE OF DEATH Month DECEMBER Day 17, Year 1958		
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5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DECEMBER 29, 1893	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) SALINE, CO., MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME RICHARD LAWRENCE	13b. MOTHER'S MAIDEN NAME ANNIE ALEXANDER	14. NAME OF HUSBAND OR WIFE NELLIE LAWRENCE
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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) yes 10-29-17 to 3-26-19 none	16. SOCIAL SECURITY NO. none	17. INFORMANT Address OFFICIAL RECORDS, VA HOSPITAL K.C., MO.
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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) Carotid Occlusion Fracture of The Skull Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 89021		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) Fall from Hay loft to concrete floor.
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20c. TIME OF INJURY Hour a.m. 12-16-58	20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) Farm Hay loft	20f. CITY, TOWN, OR LOCATION Martha Bend, Mo	COUNTY Saline, Mo	STATE
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21. attended the deceased from Death occurred at 8:45 p m on the date stated above; and to the best of my knowledge, from the causes stated.	21. attended the deceased from December 16, 1958 to December 17, 1958
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22a. SIGNATURE Eugene M. Malone M.P. U.S. Hospital K.C. Mo.	22b. ADDRESS U.S. Hospital K.C. Mo.	22c. DATE SIGNED 12-18-58
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	23b. DATE 12-21-58	23c. NAME OF CEMETERY OR CREMATORY Finis Creek	23d. LOCATION (City, town, or county) (State) Saline County, Mo.
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24. FUNERAL DIRECTOR Eugene M. Malone	ADDRESS U.S. Hospital K.C. Mo.	25. DATE RECD. BY LOCAL REG. 12-19-58	26. REGISTRAR'S SIGNATURE Neva Marshall
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(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Eugene M. Malone

MAY 26 1959

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 Joseph H. Green

Licensed Embalmer No. 4220  
P. O. Address Marshall 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.