

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041076

FILED VS DEC 14 1959

STATE FILE NUMBER

ENDED

Registration District No. 240 Primary Registration District No. 4355 5047 Registrar's No. 32

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	<u>New Madrid</u>	a. STATE	<u>Mo.</u> b. COUNTY <u>New Madrid</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	<u>Lilbourn</u>	c. CITY OR TOWN	<u>Lilbourn</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION	<u>Home</u>	d. STREET ADDRESS (If outside, give location)	<u>4 miles N of Lilbourn</u>

3. NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE OF DEATH	Month	Day	Year
	<u>LILLIAN OPAL LAWRENCE</u>			<u>Dec.</u>	<u>3</u>	<u>1959</u>	

5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR
<u>Female</u>	<u>White</u>		<u>11-28-1905</u>	<u>54</u>	Months <u>0</u> Days <u>5</u> Hours <u></u> Min. <u></u>	

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state of country)	12. CITIZEN OF WHAT COUNTRY
<u>housewife</u>	<u>none</u>	<u>Appleton, Ark</u>	<u>USA</u>

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
<u>William Bramlett</u>	<u>None Unknown</u>	<u>M. L. Lawrence</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Address
<u>no</u>	<u>None</u>	<u>Gerald Lawrence</u>	<u>Lilbourn Mo</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a)	<u>Generalized Convulsions</u>		<u>?</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Prison - Convict</u>		<u>3</u>
DUE TO (c)			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days.
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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	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	COUNTY	STATE

21. I attended the deceased from Nov 59 to 2 Dec 59 and last saw her alive on 2 Dec 59
 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
<u>Charles Wheeler</u>	<u>New Madrid Mo</u>	<u>12-4-59</u>

23a. BURIAL, CREMATION, REGIONAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>12-6-1959</u>	<u>Appleton, Ark</u>	<u>Appleton, Ark</u>

24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
<u>Lloyd Russell</u>	<u>Siggott, Ark</u>	<u>12-5-59</u>	<u>H. L. Bondur Deputy</u>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Lloyd M. Russell

Licensed Embalmer No. 509-0

P. O. Address Diggott, 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.