URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-025776
STATE FILE NUMBER

FILED VS AUG 15 1960
ENDED

Registration District No. 27 Primary Registration District No. 5096 Registrar's No. 102

1. PLACE OF DEATH
a. COUNTY Bates
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Pleasant TWP
Length of stay in 1b 8 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pine Tree Rest Home
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo
b. COUNTY Bates
c. CITY OR TOWN Butler, Missouri
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) Butler, Missouri
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Emma Middle: Myrtle Last: Lawrence
4. DATE OF DEATH Month: August Day: 6 Year: 1960
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 7-7-1879
9. AGE (last birthday) 81
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Maker
10b. KIND OF BUSINESS OR INDUSTRY House Wife
11. BIRTHPLACE (City and state or country) Bates Co. Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Thomas H Gleason
13b. MOTHER'S MAIDEN NAME Purletha Ann Rice
14. NAME OF HUSBAND OR WIFE Charles Lawrence
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT Bernice Robinson Address Butler, Mo.

MEDICAL CERTIFICATION

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)	hypostatic pneumonia	2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Comatose condition	3 days
DUE TO (c)	Cardiac decompensation	3 years

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Aug. 2nd, 1960, to Aug. 5 '60 and last saw her/him alive on Aug. 5, 1960
Death occurred at 6 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. S. Lafture, M.D. (Degree or title)
22b. ADDRESS Butler, Missouri
22c. DATE SIGNED 8/8/60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8-8-1960
23c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery
23d. LOCATION (City, town, or county) (State) Butler, Missouri
24. FUNERAL DIRECTOR Culver-Underwood ADDRESS Butler, Mo.
25. DATE RECD. BY LOCAL REG. Aug 1 1960
26. REGISTRAR'S SIGNATURE Randall Kenney

(Licensed Embalmer's Statement on Reverse Side)

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 John G Anderson

Licensed Embalmer No. 358

P. O. Address Butler

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