

**MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**61-024241**

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 188 STATE FILE NUMBER

**FILED JUL 17 1961**

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Elk</b>		Length of stay in 1b <b>20 Yrs.</b>	c. CITY OR TOWN <b>7mi, N. E. Qulin</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>7Mi, N. E. Qulin</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>7Mi, N. E. Qulin</b>
3. NAME OF DECEASED (Type or print) First <b>Chesley</b> Middle <b>Newton</b> Last <b>Lawrence</b>		4. DATE OF DEATH Month <b>July</b> Day <b>9</b> Year <b>1961</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-6-1915</b>
9. AGE (last birthday) <b>45</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>3</b> Hours <b></b> Min. <b></b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and state or country) <b>New Madrid</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Fred Lawrence</b>	
13b. MOTHER'S MAIDEN NAME <b>Hannar Jane Orr</b>		14. NAME OF HUSBAND OR WIFE <b>Lovedia</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></b>	
17. INFORMANT <b>Lovedia Lawrence</b>		Address <b>7Mi, N. E. Qulin</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>Diseases of the aortic valve</b>			INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Bronchial asthma</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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 _____ a.m. _____ p.m. 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 <b>June 5, 1959</b> to <b>July 3, 1961</b> and last saw <b>him</b> alive on <b>July 3, 1961</b> Death occurred at <b>1:30 P</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>F. O. Kelly, D.O.</b>		22b. ADDRESS <b>Box 188 Bernie, Missouri</b>	22c. DATE SIGNED <b>7-12-'61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7-11-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>4 Mi. Graveyard, Campbell</b>	23d. LOCATION (City, town, or county) (State) <b>Campbell</b>
24. FUNERAL DIRECTOR <b>Day &amp; Knight Funeral H. W. Main</b>	ADDRESS <b></b>	25. DATE RECD. BY LOCAL REG. <b>7-14-61</b>	26. REGISTRAR'S SIGNATURE <b>Thelma Graham</b>

1961 JUL 18

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, \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. J. Schuman

Licensed Embalmer No. 4086

P. O. Address Graden

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.