

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010207

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 20 Primary Registration District No. \_\_\_\_\_ Registrar's No. 18

FILED MAR 21 1962

VS 300  
Rev. 4/59

6230  
20561

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Clark</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lewis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kahoka</b>		Length of stay in 1b <b>22 days</b>	c. CITY OR TOWN <b>Canton</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mitchell Nursing Home</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>507 College</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Dora</b> Middle <b>D.</b> Last <b>Lawrenceson</b>		4. DATE OF DEATH Month <b>March</b> Day <b>10</b> Year <b>1962</b>	
5. SEX <b>Female</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>5-22-1872</b>
9. AGE (last birthday) <b>89</b>		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) <b>Insurance Agency</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Ins.</b>	11. BIRTHPLACE (City and state or country) <b>Williamstown, Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>USA.</b>		13a. FATHER'S NAME <b>Issac Street</b>	
13b. MOTHER'S MAIDEN NAME <b>Nannie Nichols</b>		14. NAME OF HUSBAND OR WIFE <b>Frank R. Lawrenceson</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.	17. INFORMANT Address <b>Mrs. Howard Hils, Canton, 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>T. pneumonia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Brandschismum</b> DUE TO (c) <b>Influenza.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>1 week</b> <b>10 days</b>
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 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 <b>Canton</b>	COUNTY <b>Lewis</b> STATE <b>Mo.</b>
21. I attended the deceased from <b>2-10-62</b> to <b>3-9-62</b> and last saw him/her alive on <b>3-9-62</b> Death occurred at <b>2:10 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>R. L. Willis, M.D.</b>		22b. ADDRESS <b>Canton, Mo.</b>	22c. DATE SIGNED <b>3-13-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial-Rem.</b>	23b. DATE <b>3-13-'62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Forest Grove</b>	23d. LOCATION (City, town, or county) (State) <b>Canton, Lewis Co. Mo.</b>
24. FUNERAL DIRECTOR <b>Carl H. Buckley, Canton, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>3/13-62</b>	26. REGISTRAR'S SIGNATURE <b>J. W. Thomas</b>

USE BLACK INK  
OR  
TYPEWRITER RIBBON

MAY 15 1962

**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 Earl H. Buckley

Licensed Embalmer No. 2615

P. O. Address Canton, Mass.

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.