

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0019833

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

137

Primary Registration District No.

3023

Registrar's No.

158

FILED JUN 9 1966

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)

Clinton

Length of stay in 1b

20 yrs

c. FULL NAME OF (If NOT in hospital, give location)

Home

HOSPITAL OR
INSTITUTION

G Bar H Nursing

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Henry

c. CITY
OR
TOWN Clinton

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

320 N. Main St

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Sarah

Middle

Elizabeth

Last

Lawrence

4. DATE
OF
DEATH

Month

June

Day

4

Year

1966

5. SEX

female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

2/27/1872

9. AGE (last birthday)

94

IF UNDER 1 YEAR

Months Days Hours Min.

12. CITIZEN OF WHAT COUNTRY

USA

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Illinois

13a. FATHER'S NAME

Thomas J. Pilant

13b. MOTHER'S MAIDEN NAME

Lucy Turpin

14. NAME OF HUSBAND OR WIFE

Charles S

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Anna Millam

Address

Clinton, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

medullary pathology

INTERVAL BETWEEN
ONSET AND DEATH

minutes

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

myocardial infarction

2-hr

DUE TO (c)

Coronary artery disease

years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. 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, Year20d. 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 5/1/66 to 6/4/66 and last saw her alive on 6/5/66
Death occurred at 1 p.m. 6/5/66 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

James P. Lawrence

22b. ADDRESS

105 E Ohio Street, Mo

22c. DATE SIGNED

6/4/66

23a. BURIAL CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

6/7/1966

23c. NAME OF CEMETERY OR CREMATORY

Pleasant Mound Cem

23d. LOCATION (City, town, or county)

Osceola

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Sickman-Dunning F H

Clinton, Mo

25. DATE RECD. BY LOCAL REG.

June 6 1966

26. REGISTRAR'S SIGNATURE

Mildred Biggs

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 0425

2 0425

3 2

4 1

5 2

6

7 1

8 0

9 420.1

10

11

12 86-2

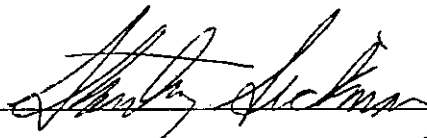
13 1-0

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



Licensed Embalmer No.

5342

P. O. Address

Clinton, 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.