

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4743

FILED FEB 25 1952

BIRTH NO. _____ **REG. DIST. NO.** 137 **PRIMARY REG. DIST. NO.** 3023 **Registrar's No.** 51

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (When deceased lived. If institution: conditions before admission) a. STATE <u>MO.</u> b. COUNTY <u>HENRY</u>	
b. CITY OR TOWN <u>CLINTON</u>		c. CITY OR TOWN <u>CLINTON</u> <u>0432</u>	
c. LENGTH OF STAY (in this place) <u>23 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>NORTH HENRY COUNTY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CLINTON CONVALESCENT HOME</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GRACE</u> b. (Middle) <u>LAULOCK</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 18, 1952</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>MARCH 3, 1872</u>
9. AGE (In years last birthday) <u>79</u> IF UNDER 1 YEAR: Months <u>11</u> Days <u>15</u> IF UNDER 24 HRS. Hours _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE KEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) <u>HENRY CO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>JESSE LAULOCK</u>		13b. MOTHER'S MAIDEN NAME <u>RACHEL McDANIELS</u>	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO.</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Calintony</u>		ADDRESS <u>Vansant, House Records</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Arteriosclerotic Heart Disease</u>		<u>8 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4200</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Jan 11</u> , 19 <u>52</u> , to <u>Feb 14</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Feb 14</u> , 19 <u>52</u> , and that death occurred at <u>1:00 p.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Anna O. Smith M.D.</u>		23b. ADDRESS <u>Clinton, Missouri</u>	
23c. DATE SIGNED <u>2-20-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB. 21, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>ENGLEWOOD CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CLINTON, MO.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 21-52</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u> <u>424</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>A. J. Vansant</u>		ADDRESS <u>Calintony, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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
Student Embalmer

Signed W. A. Vansant

Licensed Embalmer No. 3779

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 this body is not embalmed, fact should be so stated above.