

FILED FEB 23 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6969

BIRTH NO. _____		REG. DIST. NO. 338		PRIMARY REG. DIST. NO. 3074		Registrar's No. 31	
1. PLACE OF DEATH a. COUNTY <i>Scott</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission.) a. STATE <i>Mo.</i> b. COUNTY <i>Scott</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>Likeston</i>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <i>Likeston</i>		TOWN <i>1003</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>None</i>				d. STREET ADDRESS (If rural, give location) <i>515 Cleveland</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Henry Lawrence</i>			b. (Middle) <i>Overton</i>			c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <i>Feb 8 1952</i>		5. SEX <i>M.</i>		6. COLOR OR RACE <i>W.</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	
8. DATE OF BIRTH <i>Dec 10, 1887</i>		9. AGE (In years) (Months) (Days) (Hours) (Min.) <i>64 1 29</i>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Stone mason</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Self Employed</i>	
11. BIRTHPLACE (State or foreign country) <i>Perry, Ark.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>John Birch</i>		13b. MOTHER'S MIDDEN NAME <i>Mary Black</i>	
14. NAME OF HUSBAND OR WIFE <i>Mary Anna</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>Mary Anna Overton</i>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage -</i>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertension &amp; acute</i> DUE TO (c) <i>Heart Failure</i>				INTERVAL BETWEEN ONSET AND DEATH <i>1 1/2 hr.</i>  <i>Unknown</i>	
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  <i>331X</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) (Min.)		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 <i>Jan 2</i> , 1952, to <i>8 Feb</i> , 1952, that I last saw the deceased alive on <i>20 Jan</i> , 1952, and that death occurred at <i>11:20 Am.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>H. B. Prognator, M.D.</i>				23b. ADDRESS <i>Likeston, Mo.</i>		23c. DATE SIGNED <i>11 Feb 52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Feb 10-1952</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Carpenter</i>		24d. LOCATION (City, town, or county) (State) <i>Scott Mo.</i>	
DATE REC'D BY LOCAL REG. <i>2-14-52</i>		REGISTRAR'S SIGNATURE <i>Mrs. Ella Hunter</i>		FUNERAL DIRECTOR'S SIGNATURE <i>Orville Taylor</i>		ADDRESS <i>Likeston, Mo.</i>	

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

RECEIVED **FEB 18 1952**

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 252-47

**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 J. E. Mitchell

Licensed Embalmer No. 4695

P. O. Address East Prairie, 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.