

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026171  
STATE FILE NUMBER

AMENDED

Registration District No. 2773 Primary Registration District No. Registrar's No. 84

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Perry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural Central Twp.</b>		c. CITY OR TOWN <b>Lithium</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Pine Lawn Nursing Home</b>		d. STREET ADDRESS (If outside, give location) <b>Lithium</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Lydia Mary Lawrence</b>		4. DATE OF DEATH Month Day Year <b>July 22, 1961</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>July 14, 1885</b>
9. AGE (last birthday) <b>76</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (City and state or country) <b>Perry County, Mo. U.S.A.</b>
13a. FATHER'S NAME <b>John Grass</b>		14. NAME OF HUSBAND OR WIFE <b>Andrew Lawrence</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 <b>Jack Grass, Dawson Springs, Kentucky.</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>POST-STATIC PNEUMONIA</b> DUE TO (b) <b>POST-T.B</b> DUE TO (c) <b>INVALID</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 Month, Day, Year a.m. p.m.		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>1950</b> to <b>7-22-61</b> and last saw her alive on <b>7-20-61</b> Death occurred at <b>4:00 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Em Wiedman D.O.</b>		22b. ADDRESS <b>Perryville Mo</b>	
22c. NAME OF CEMETERY OR CREMATORY <b>Catholic Cem.</b>		22d. LOCATION (City, town, or county) (State) <b>Lithium, Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL-(Specify) <b>Burial</b>		23b. DATE <b>July 24, 1961</b>	
24. FUNERAL DIRECTOR <b>Albert B. Perryville Mo</b>		25. DATE RECD. BY LOCAL REG. <b>7-24-61</b>	
26. REGISTRAR'S SIGNATURE <b>Joe J. Zoelner</b>			

