

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11506

State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>38</u>	PRIMARY REG. DIST. NO. <u>4057</u>	Registrar's No. <u>115</u>
1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hallsville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hallsville</u>		
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>Rocky Fork Township</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rocky Fork Township</u>		e. STREET ADDRESS _____		
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>JEREMIAH</u> c. (Last) <u>LOREN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 1, 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 30, 1864</u>	9. AGE (In years last birthday) <u>84</u> <small>IF UNDER 1 YEAR Months Days</small> <small>IF UNDER 2 HRS. Hours Min.</small>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Clark County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				
13a. FATHER'S NAME <u>Peter D. Loren</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Perry</u>		14. NAME OF HUSBAND OR WIFE <u>Ida Loren</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. F.E. Powell, Hallsville, Missouri.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral haemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis of</u> DUE TO (c) <u>hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Boone Mo</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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>April 10, 1948</u> , to <u>May 1, 1949</u> that I last saw the deceased alive on <u>April 20, 1949</u> , and that death occurred at <u>9 P</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>W. Kaupshmidt M.D.</u>		23b. ADDRESS <u>Columbia, Mo</u>		23c. DATE SIGNED <u>5-3-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 4, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salt River Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Audrain County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 4 1949</u>	REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>310 Parker Funeral Service, Columbia, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAY 10 1949

OCT 20 1953

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 Thas L. Loring

Licensed Embalmer No. 4132

P. O. Address Columbia, 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.