

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. *Williams* 27752

BIRTH NO. _____		REG. DIST. NO. <i>301</i>		PRIMARY REG. DIST. NO. <i>4400</i>		Registrar's No. <i>33</i>	
1. PLACE OF DEATH a. COUNTY <i>RIPLEY</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Ripley Co.</i>			
b. CITY OR TOWN <i>DONIPHAN</i>		c. LENGTH OF STAY (in this place) <i>2 weeks</i>		c. CITY OR TOWN <i>Royal-Doniphan</i>		Township <i>township 0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Williams Hospital</i>				d. STREET ADDRESS (If rural, give location) <i>5 miles South of Doniphan</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>DORA</i> b. (Middle) <i>E.</i> c. (Last) <i>LOREY</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>7-27-1949</i>				
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>		8. DATE OF BIRTH <i>1-24-1880</i>	
9. AGE (In years last birthday) <i>69</i>		10. MONTHS <i>6</i>		11. BIRTHPLACE (State or foreign country) <i>TENNESSEE</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>		11. BIRTHPLACE (State or foreign country) <i>TENNESSEE</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Monroe Stewart</i>		13b. MOTHER'S MAIDEN NAME <i>Margaret McCollum</i>		14. NAME OF HUSBAND OR WIFE <i>Jim Lorey</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>ALMA McCLAREN-Doniphan, Mo.</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Massive Pulmonary Embolus</i>				INTERVAL BETWEEN ONSET AND DEATH <i>5 min.</i>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Mesenteric thrombosis</i>				INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>			
DUE TO (c) <i>Venous Pneumonia</i>				INTERVAL BETWEEN ONSET AND DEATH <i>5 1/2</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Venous Pneumonia</i>				INTERVAL BETWEEN ONSET AND DEATH <i>6 weeks</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)			
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>10 July</i> , 1949, to <i>27 July</i> , 1949, that I last saw the deceased alive on <i>27 July</i> , 1949, and that death occurred at <i>2:15 P.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>J. E. Williams M.D.</i>				23b. ADDRESS <i>Doniphan Mo</i>		23c. DATE SIGNED <i>8-11-49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24b. DATE <i>7-30-1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>TOWLES CEMETERY</i>		24d. LOCATION (City, town, or county) (State) <i>Ripley County, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>9-9-49</i>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>L.W. Edwards - Doniphan, Mo.</i>			

(Licensed Embalmers' Statement on Reverse Side)

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

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6-12-49
SEP 12 1949

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.

Signed.....

Carl B. Bird

Signed.....

Student Embalmer.....

Licensed Embalmer No. 4306

P. O. Address.....

Doniphan, 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.