

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

9373

FILED MAR 21 1950

State File No.

0490

BIRTH NO.		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>4246</u>		Registrar's No. <u>36</u>		
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carl Junction		c. LENGTH OF STAY (in this place) 60yr		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carl Junction		0490		
d. FULL NAME OF HOSPITAL OR INSTITUTION 505 Locus St.				d. STREET ADDRESS (If rural, give location) 505 Locus St.				
3. NAME OF DECEASED (Type or Print) a. (First) MAGGIE			b. (Middle) LORTZ		c. (Last) LORTZ			
4. DATE OF DEATH		Month		Day		Year		
March 5,		1950						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 20, 1856		
9. AGE (in years last birthday) 93		IF UNDER 1 year Months 8		Days 15		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home			10b. KIND OF BUSINESS OR INDUSTRY housewife			11. BIRTHPLACE (State or foreign country) Ohio		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME No data		13b. MOTHER'S MAIDEN NAME No data		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME Mrs. R. McDaniel		18. ADDRESS Carl Junction, Mo.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH 70 years	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Widow of husband</u>		DUE TO (b) <u>age</u>						
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)						
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							191X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Confusion McDaniel</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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Dec 1949 to Nov 1950 that I last saw the deceased alive on 3/5, 1950, and that death occurred at 12:59 m., from the causes and on the date stated above.								
23a. SIGNATURE <u>J. A. Rainey</u> (Degree or title)				23b. ADDRESS Carl Junction Mo		23c. DATE SIGNED March 6, 1950		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-7-50		24c. NAME OF CEMETERY OR CREMATORY Carl Junction, Mo.		24d. LOCATION (City, town, or county) (State) Carl Junction, Missouri		
DATE/REC'D BY LOCAL REG. 3/7/50		REGISTRAR'S SIGNATURE <u>J. L. Tuttle</u>		25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis		ADDRESS Webb City, Mo.		

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

RECEIVED 3-14-50
Jasper County Health Office

County File Number 50-3-157

Date Filed 3-20-50

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 *Richard Gray Lewis*

Licensed Embalmer No. *4400*

P. O. Address *Webb City, 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.