

S. No. 300  
V. 10.48

FILED APR 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12217

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 129

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>MADISON</u>	
b. CITY OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marquand</u> <u>0620</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hosp</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Newton</u> b. (Middle) <u>L.</u> c. (Last) <u>LORANCE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 14 1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>1-1-1877</u>
9. AGE (In years last birthday) <u>73</u> Months <u>3</u> Days <u>13</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 1 HR.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Marquand MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joshua Lorraine</u>		13b. MOTHER'S MAIDEN NAME <u>Levinna Lites</u>	
14. NAME OF HUSBAND OR WIFE <u>Hollie Lorraine</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.		17. INFORMANT'S SIGNATURE OR NAME <u>Hollie Lorraine Marquand MO</u> ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Myocarditis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH <u>4222</u>	
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 <u>4-10-50</u> , 19 <u>50</u> , to <u>4/14</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4/14</u> , 19 <u>50</u> , and that death occurred at <u>11:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) <u>W. H. H. H.</u>		23b. ADDRESS <u>Cape Girardeau MO</u>	
23c. DATE SIGNED <u>4/18/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-16-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Marion Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Marquand MO</u>	
DATE REC'D BY LOCAL REG. <u>4-18-1950</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u> <u>44</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>C. A. Honder</u>		ADDRESS <u>Marquand MO</u>	

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

1640

RECEIVED

APR 24 1950

DISTRICT HEALTH OFFICE No. 4

File No. 450-613

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 W. H. Ester

Licensed Embalmer No. 3568

P. O. Address Chgo. Ill. 264

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.