

FILED MAY 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14211

BIRTH NO.		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 6510		Registrar's No. 121	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY OR TOWN <u>Rural Sugar Creek</u>		c. LENGTH OF STAY (in this place) <u>10 months</u>		c. CITY OR TOWN <u>Rural Sugar Creek</u>		d. STREET ADDRESS (If rural, give location) <u>RFD #2 Moberly</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD #2 Moberly</u>				d. STREET ADDRESS (If rural, give location) <u>RFD #2 Moberly</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLAUS</u> b. (Middle) <u>LORENZ</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>April-28-1950</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>Feb-2-1864</u>	
9. AGE (In years last birthday) <u>85</u>		10. MONTHS <u>4</u>		11. BIRTHPLACE (State or foreign country) <u>Hanover Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Hanover Germany</u>	
13a. FATHER'S NAME <u>Johann Lorenz</u>			13b. MOTHER'S MAIDEN NAME <u>Caroline Kroeger</u>			14. NAME OF HUSBAND OR WIFE <u>Marion Lorenz</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war & dates of service)			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Alvin Schuetz Moberly MO</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>Pyelonephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hydrocoele (large)</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>Hypertension</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>D.K.</u> <u>GOOD</u> <u>D.K.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</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) (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>April 25, 1950</u> , to <u>April 28, 1950</u> , that I last saw the deceased alive on <u>April 28, 1950</u> , and that death occurred at <u>9:00 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. W. Dreyer MD</u> (Degree or title)			23b. ADDRESS <u>Huntsville Mo</u>		23c. DATE SIGNED <u>4/29/50</u>		
24a. BURIAL, CREMATION, REMOVAL <u>Removal</u>		24b. DATE <u>Apr-29-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Concordia MO</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG <u>Apr 29 50</u>		REGISTRAR'S SIGNATURE <u>Leah Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>2269 Snow Funeral Home Moberly MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

880

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

RECEIVED MAY 10 1950
District Health Officer No.
District File Number 5-50-7
~~Date Filed~~

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 R. M. Cater

Signed _____
Student Embalmer

Licensed Embalmer No. 4117

P. O. Address Moberly, 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.