

FILED AUG 15 1950

STANDARD CERTIFICATE OF DEATH

State File No. 25751

BIRTH NO. _____		REG. DIST. NO. 325		PRIMARY REG. DIST. NO. 4476		Registrar's No. 234		
1. PLACE OF DEATH a. COUNTY <i>Schuylers</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Schuylers</i>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Downing Mo. Metairie</i>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Downing</i>		0980		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <i>0</i>				
3. NAME OF DECEASED (Type or Print) a. (First) <i>Lorenda</i> b. (Middle) <i>Elizabeth</i> c. (Last) <i>Morgan</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>July 31, 1950</i>					
5. SEX <i>F</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married 1</i>		8. DATE OF BIRTH <i>Oct. 18, 1856</i>		
9. AGE (In years last birthday) <i>93</i>		IF UNDER 1 YEAR <i>9</i> Months <i>13</i> Days		IF UNDER 24 HRS. <i>13</i> Hours <i>0</i> Min.				
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		11. BIRTHPLACE (State or foreign country) <i>Dallas, Texas</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Wm. Cook</i>			13b. MOTHER'S MAIDEN NAME <i>Sarah Mayes</i>			14. NAME OF HUSBAND OR WIFE <i>deceased</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>Bessie Lewis, Downing, Mo.</i> 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arterio Sclerosis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Senility General Debility</i> DUE TO (c) <i>4.2</i>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <i>✓</i>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>✓</i>		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) 1 (Day) (Year) (Hour) <i>none</i> m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>none</i>				
22. I hereby certify that I attended the deceased from <i>Jan 1950</i> , to <i>July 31, 1950</i> , that I last saw the deceased alive on <i>July 31, 1950</i> , and that death occurred at <i>3:30 a.m.</i> from the causes and on the date stated above.								
23a. SIGNATURE <i>H.E. Gerwig M.D.</i> (Degree or title)				23b. ADDRESS <i>Downing Mo.</i>		23c. DATE SIGNED <i>Aug. 1, 1950</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Aug 2, 1950</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Downing</i>		24d. LOCATION (City, town, or county) (State) <i>Downing, Mo.</i>		
DATE REC'D BY LOCAL REG. <i>Aug 20 1950</i>		REGISTRAR'S SIGNATURE <i>Mrs. C. Drake</i>		352		25. FUNERAL DIRECTOR'S SIGNATURE <i>Lloyd Moore Downing Mo.</i> ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 30 1951

RECEIVED
AUG 8 1950
District Health Officer No. 10
District File Number 8-14-1301
Date Filed ~~August 14, 1950~~ AUG 14 1950

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 me

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Lloyd Moore

Signed _____
Student Embalmer

Licensed Embalmer No. _____

3157

P. O. Address _____

Downing 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.