

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

0270 7850  
State File No. \_\_\_\_\_

FILED MAR 31 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 5316 Registrar's No. 10

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

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>Mo</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pleasant Green Twp</u>		c. LENGTH OF STAY (in this place) <u>49 yrs</u>	
d. FULL NAME (If not in hospital or institution, give street address or location) <u>3 mi. South Pleasant Green Mo</u>		d. STREET ADDRESS <u>3 mi. S Pleasant Green Mo</u>	
3. NAME OF DECEASED a. (First) <u>ALEXANDER-ABRAHAM-LORENZ</u> (Type or Print) b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar-17-1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>w.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 31-1902</u>
9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTH PLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John Lorenz</u>		13b. MOTHER'S MARRIAGE NAME <u>Matilda Judis</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs Marie Lorenz</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>495-10-0230</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Marie Lorenz</u>		ADDRESS <u>Pleasant Green 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, asthenia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>			
DUE TO (c) <u>Arteriosclerosis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</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>March 17, 1952</u> , to <u>March 17, 1952</u> , that I last saw the deceased alive on <u>March 17, 1952</u> , and that death occurred at <u>9:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>F. W. Johnson M.D.</u>		23b. ADDRESS <u>Otterville Mo</u>	23c. DATE SIGNED <u>March 18-1952</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Mar 23-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Joseph Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Weldon City - Mo</u>
25. DATE REC'D BY LOCAL REG. <u>March 23-52</u>	REGISTRAR'S SIGNATURE <u>Nellie Mullett</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hays &amp; Painter Pilot Branch</u>	

**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.....

Licensed Embalmer No. *3074*

P. O. Address *Pilot Grove, W.*

**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.