

JUN 9 1952

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

15473

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>1</u>	PRIMARY REG. DIST. NO. <u>3000</u>	Registrar's No. <u>203</u>
1. PLACE OF DEATH a. COUNTY Adair County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville, Mo.		c. LENGTH OF STAY (in the place) 5 Wks.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbina, Mo. 10311	
d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin Hospital		d. STREET ADDRESS (If rural, give location) X		
3. NAME OF DECEASED (Type or Print), a. (First) JENNIE		b. (Middle) FRANKLIN		c. (Last) LORENTZ
4. DATE OF DEATH (Month) (Day) (Year) 6-2-1952		5. SEX Female		
6. COLOR OR RACE White		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 12-4-1873
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months 5		IF UNDER 24 HRS. Days 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House hold		10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (State or foreign country) Monroe Co. Mo;
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Silas Threlkeld		
13b. MOTHER'S MAIDEN NAME Mildred Acuff		14. NAME OF HUSBAND OR WIFE William Lorentz		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME Jack Lorentz, Shelbina, Mo.
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of head of pancreas with ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) widespread metastasis into liver DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 157X		
19a. DATE OF OPERATION 6-2-52		19b. MAJOR FINDINGS OF OPERATION Cancer of head of pancreas with extension into liver- biopsy-cholecystojejunostomy		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		
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)		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 4-30-52 , 19___, to 6-2-52 , 19___, that I last saw the deceased alive on 6-2-52 , 19___, and that death occurred at 5:20 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE Walter Lambert (Degree or title) D.O.		23b. ADDRESS Kirksville, Mo.		23c. DATE SIGNED 6-5-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-4-1952		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F.
24d. LOCATION (City, town, or county) (State) Shelbina, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Barkeley-Hawkins, Shelbina, Mo.		
DATE REC'D BY LOCAL REG. 6-6-52		REGISTRAR'S SIGNATURE Walter Lambert 1-0		

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....

Licensed Embalmer No. *3498*

P. O. Address *Shelburne Md*

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.