

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **74**

FILED JAN 27 1953

BIRTH NO. _____ REG. DIST. NO. **4** PRIMARY REG. DIST. NO. **4014** Registrar's No. **3**

5030

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

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairfax		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ural, Clay Twsp. 0030	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Fairfax Com. Hosp.		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Henry	b. (Middle)	c. (Last) Lorenz	4. DATE OF DEATH (Month) (Day) (Year) 1-12-1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-24-1892	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Month 7 Days 18	IF UNDER 24 HRS. Hour 18 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (State or foreign country) Atchison Co. Mo.,	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME John Lorenz	13b. MOTHER'S MAIDEN NAME Ida Wagner	14. NAME OF HUSBAND OR WIFE Flossie King Lorenz
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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. none	17. INFORMANT'S SIGNATURE OR NAME Mrs Flossie Lorenz (wife)	ADDRESS Rockport.
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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		INTERVAL BETWEEN ONSET AND DEATH 6 hours many years.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subarachnoid Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis & hypertension. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Jan 12, 1953, to 8:20 PM / 1/12/53**, that I last saw the deceased alive on **1/12/53, 19**, and that death occurred at **8:20P m.,** from the causes and on the date stated above.

23a. SIGNATURE Wallace Carpenter M.D. (Degree or title)	23b. ADDRESS Rockport Mo.	23c. DATE SIGNED 1/14/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/14/1953	24c. NAME OF CEMETERY OR CREMATORY Greenhill	24d. LOCATION (City, town, or county) (State) Rockport Mo.
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DATE REC'D BY LOCAL REG. Jan 24, 1953	REGISTRAR'S SIGNATURE Therwin H. Schaefer 443-0	25. FUNERAL DIRECTOR'S SIGNATURE Bartholomew Mortuary, Rockport.	ADDRESS
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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 Grady Bartholomew

Licensed Embalmer No. 3173

P. O. Address Rock Port. 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.