

FILED AUG 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28535

BIRTH NO. _____		REG. DIST. NO. 276		PRIMARY REG. DIST. NO. 5944		Registrar's No. 38	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before admission). a. STATE Missouri b. COUNTY Phelps			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Dawson) Twp		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Dawson Twp) 2810			
d. FULL NAME OF HOSPITAL OR INSTITUTION None				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print)		a. (First) Nancy		b. (Middle) Elizabeth		c. (Last) Lorts	
4. DATE OF DEATH (Month) (Day) (Year)		Aug		12		1954	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 24-1866	
9. AGE (In years, last birthday) 88		IF UNDER 1 YEAR Months 2		IF UNDER 1 YEAR Days 8		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Marion Stupp		13b. MOTHER'S MAIDEN NAME Rachel		14. NAME OF HUSBAND OR WIFE Jacob Lorts			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Lloyd Beckham, St. James, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH UNKNOWN	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC DECOMPOSITION		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIO SCLEROTIC HEART DISEASE				"	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) GENERALIZED ARTERIOSCLEROSIS					
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 4200				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) m.		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 8-12-54, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:45 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. Powell M.D.		23b. ADDRESS St. James, Mo.		23c. DATE SIGNED 8-12-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 14, 1954		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) Phelps Co, Missouri	
DATE REC'D BY LOCAL REG. 8-13-54		REGISTRAR'S SIGNATURE Ruth B. Powell 479		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS A. Jesse Lake - St. James, Mo.			

County File Number 8-16-54  
Date Filed 8-16-54

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.

Student Embalmer No.....

Signed.....

*A. James Gahr*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4486

P. O. Address St. James, Missouri

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.