

DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41076**
5600

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 50 yrs		e. STREET ADDRESS (If rural, give location) 2025 College	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		No. 238	
3. NAME OF DECEASED a. (First) Elizabeth		b. (Middle) _____ c. (Last) Lohrengle	
4. DATE OF DEATH (Month) (Day) (Year) 12 4 1954		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Aug 31, 1871		9. AGE (In years last birthday) 83	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (City and State or Foreign Country) Russia		12. CITIZEN OF WHAT COUNTRY? 10	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE William Lohrengle		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. 494-12-3958B		17. INFORMANT'S SIGNATURE OR NAME (ADDRESS) Mrs. Bertha Moritz - Clinton, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		151	
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)	
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 Oct. 18, 1954 , to Dec. 4, 1954 , that I last saw the deceased alive on Dec. 4, 1954 , and that death occurred at 7:50A m. , from the causes and on the date stated above.			
23a. SIGNATURE B. I. Burns (Degree or title)		23b. ADDRESS 24th & Cherry	
23c. DATE SIGNED 12-6-54		24. LOCATION (City, town, or county) (State) Kansas City Kan.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-6-54	
24c. NAME OF CEMETERY OR CREMATORY Maple Hill		24d. LOCATION (City, town, or county) (State) Kansas City Kan.	
DATE REC'D BY LOCAL REG. 12-6-54		REGISTRAR'S SIGNATURE newel minshall	
25. FUNERAL DIRECTOR'S SIGNATURE Gates Funeral Home		ADDRESS K. C. Kan.	

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

28
1/16

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
Signature of Student Embalmer

Signed *Guy A. Shelton*

Licensed Embalmer No. *4700*

P. O. Address *K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.