

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **21787**

FILED JUL 18 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 614

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Wright</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield,</b>		c. LENGTH OF STAY (In this place) <b>5 days</b>	c. CITY OR TOWN <b>St. George</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>1140,</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Florence</b> b. (Middle) <b>Lorris</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>July 13, 1955</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 8, 1905</b>
9. AGE (In years last birthday) <b>50</b>		IF UNDER 1 YEAR Months <b>2</b> Days <b>5</b>	IF UNDER 14 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>In Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Sedalia, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>James Marsh</b>	
13b. MOTHER'S MAIDEN NAME <b>Sarah Colbert</b>		14. NAME OF HUSBAND OR WIFE <b>F. L. George</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>F. L. Morris</b>		ADDRESS <b>St. George, Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lower nephron nephrosis &amp; uraemia - 36h</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1-2 years</b>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>Coronary Artery Disease</b>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>Arteriosclerotic Heart Disease</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Diabetes Mellitus</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 <b>11-4, 1954</b> to <b>7-13, 1955</b> , that I last saw the deceased alive on <b>7-13, 1955</b> , and that death occurred at <b>9:30 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>H. Lurie</b>		(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>609 Cherry Springfield, Mo</b>
23c. DATE SIGNED <b>7-13-55</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>July 14, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hartville, Missouri</b>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <b>Norman Schaff</b>	
DATE REC'D BY LOCAL REG. <b>7-13-55</b>		REGISTRAR'S SIGNATURE <b>Edith Williamson</b>	
25. FUNERAL DIRECTOR'S ADDRESS <b>Springfield, Mo</b>			

AUG 1 1968

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 *L. Aselin Gorman* .....

Licensed Embalmer No. *317* .....

P. O. Address *Princeton* .....

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.