

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27916

State File No. 7201

FILED SEP 6 1955

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Tennessee</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St Louis</i>		c. CITY OR TOWN <i>Humbolt</i>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1459 E O Fallon</i>		e. STREET ADDRESS (If rural, give location) <i>Unknown</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Myrtle</i> b. (Middle) <i>Lorey</i> c. (Last) <i>Lorey</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Aug. 14, 1955</i>	
5. SEX <i>F</i>	6. COLOR & RACE <i>Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>March 15, 1904</i>
9. AGE (In years) (Months) (Days) <i>51 4</i>		9. AGE (In years) (Months) (Days) <i>51 4</i>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Laundry</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Laundry</i>	
11. BIRTHPLACE (City and State or Foreign Country) <i>Memphis, Tennessee</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Eugene Williams</i>		13b. FATHER'S MAIDEN NAME <i>Emma Johnson</i>	
14. NAME OF HUSBAND OR WIFE <i>Unknown</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify branch) (If yes, give war or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO. <i>43-09-3905</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Emma Hall</i>	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Occlusion (Sclerosis)</i> 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 <i>420.1</i>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>11:55 P.M.</i> , from the causes and on the date stated above.	
23a. SIGNATURE <i>Patrick C. Taylor</i>		23b. ADDRESS <i>1300 Clark</i>	
23c. DATE SIGNED <i>8.18.55.</i>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <i>Aug. 19, 1955</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Humbolt, Tennessee</i>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <i>E. B. Kosow</i>	
DATE RECD BY LOCAL REG. <i>AUG 18 1955</i>		REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>	
25. ADDRESS <i>1221 N. Paul</i>		3.a. (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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Guyton Swan*

Licensed Embalmer No. *458*

P. O. Address..... *1221<sup>st</sup> Br*

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.