

FILED DEC 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39564**

BIRTH NO. _____		REG. DIST. NO. 4	PRIMARY REG. DIST. NO. 5043	Registrar's No. 81
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) RURAL-CLAY TWP		c. CITY (If outside corporate limits, write RURAL and give township) RURAL-CLAY TWP		
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE		d. STREET ADDRESS (If rural, give location) NONE		
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) WILLIAM		c. (Last) LORENZ
4. DATE OF DEATH (Month) (Day) (Year) 12-17-1955		5. SEX MALE		
6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 1-26-1881
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		11. BIRTHPLACE (State or foreign country) ATCHISON COUNTY, MO.
12. CITIZEN OF WHAT COUNTRY? US		13a. FATHER'S NAME JOHN W. LORENZ		
13b. MOTHER'S MAIDEN NAME DOROTHEA WAGNER		14. NAME OF HUSBAND OR WIFE ✓		
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. 500-07-4002		17. INFORMANT'S SIGNATURE OR NAME Chas Lorenz ADDRESS Rock Port, 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, transverse colon		INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) generalized carcinomatosis		
		DUE TO (c)		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 153X		
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)		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 8/12/55 , 19___, to 12/17/55 , 19___, that I last saw the deceased alive on 11/27/55 , 19___, and that death occurred at 2:30 A.M. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Ed Widemeyer, MD		23b. ADDRESS Markio Mo.		23c. DATE SIGNED 12/17/55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-19-1955		24c. NAME OF CEMETERY OR CREMATORY Proper Hill Cem.
		24d. LOCATION (City, town, or county) (State) Markio Mo.		
DATE REC'D BY LOCAL REG. Dec 22, 1955		REGISTRAR'S SIGNATURE Thermin N. Schuler		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BARTHOLOMEW MORTUARY, Rock Port

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
Student Embalmer

Signed *Grady Burchinal*

Licensed Embalmer No. 3173

P. O. Address Rose Pt. 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.