

FILED APR 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13830

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>3033</u>		Registrar's No. <u>60</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Laclede</u>		c. LENGTH OF STAY (in this place) <u>30 min</u>		-a. STATE <u>Missouri</u>		b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Lebanon</u>		c. CITY OR TOWN <u>Lebanon</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>242 Catalpa 0522</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Homer Earl</u>		b. (Middle) <u>Lorraine</u>	c. (Last) <u>Lorraine</u>	(Month) <u>April</u>	(Day) <u>3</u>	(Year) <u>1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 22, 1901</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>11</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Petroleum Distributor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laclede Co. Mo.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>U. S. A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>James W. Lorraine</u>		13b. MOTHER'S MAIDEN NAME <u>Lela Bell Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Oshie Lorraine</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>442-07-8731</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dean Lorraine</u> ADDRESS <u>Lebanon Mo.</u>			
18. CAUSE OF DEATH	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction, left ventricular failure, 5th day; irreversible shock.</u>					<u>2 hrs.</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	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 type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>5 mi. East U.S. 66</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>near Lebanon Laclede Co. on U.S. 66 Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4-3-56 4 P. M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>head on collision U.S. 66</u>			
22. I hereby certify that I attended the deceased from <u>4-3</u> , 19 <u>56</u> , to _____, 19____, that I last saw the deceased alive on <u>4-3</u> , 19 <u>56</u> and that death occurred at <u>5 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. D. Harrington</u> (Degree or title)				23b. ADDRESS <u>Lebanon, Mo.</u>		23c. DATE SIGNED <u>4-6-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/7/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lebanon, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4-7-1956</u>		REGISTRAR'S SIGNATURE <u>Stella L. Day</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Holman Funeral Home</u> ADDRESS <u>Lebanon Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Received 4-16-56

Laclede County Health Unit

File No. 60

Date Filed 4-16-56

APR 19 1956

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Harvey M. Howe

Licensed Embalmer No. 42

P. O. Address Lebanon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.