

FILED JAN 2 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42013**

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 4264 Registrar's No. 202

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY OR TOWN <u>Conway-Conwayship</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Conway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Conway Mo.</u>		d. STREET ADDRESS (If rural, also location) <u>no st. address</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jesse</u> b. (Middle) <u>G.</u> c. (Last) <u>Lorraine</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 26, 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>Jan 23, 1889</u>		9. AGE (In years last birthday) <u>67</u>		10. IF UNDER 1 YEAR (Month) (Day) (Year) <u>11 3</u>	
11. BIRTHPLACE (State or foreign country) <u>Laclede Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13. COUNTRY OF BIRTH (If foreign) <u>U. S. A.</u>	
10a. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	

13a. FATHER'S NAME <u>J. G. Lorraine</u>		13b. MOTHER'S MAIDEN NAME <u>Rovena Porter</u>		14. NAME OF HUSBAND OR WIFE <u>Maggie Lorraine</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>yes World War I</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Maggie Lorraine</u> ADDRESS <u>Conway Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Did not see patient before death. From infarcted engine</u>		DUE TO (a) <u>Engine</u>					
*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)					
DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>							

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 and not later than, 1956, that I last saw the deceased alive on 6.30 A.M., 1956, and that death occurred at 6.30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. W. Medley M.D.</u> (Degree or title)		23b. ADDRESS <u>Conway Mo.</u>		23c. DATE SIGNED <u>12-27-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/28/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bear Thicket Cemetery near Phillipburg Mo.</u>	
24d. LOCATION (City/town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hollis S. Hays</u>		ADDRESS <u>Holman Lebanon, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-28-1956</u>		REGISTRAR'S SIGNATURE <u>Hollis S. Hays</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hollis S. Hays</u>	

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

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Received 12-31-56
Laclede County Health Unit
File No. 909
Date Filed 12-31-56

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 Orsey M Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.