

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 30 1957

STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY Barry County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett		c. CITY OR TOWN Marionville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Vincent's Hospital		d. STREET ADDRESS 0550 (If outside, give location)	
Length of stay in lb 6 days		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) John Lorenz			4. DATE OF DEATH April 22, 1957		
5. SEX Male			6. COLOR OR RACE white		
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH Oct. 15, 1882		
9. AGE (In years last birthday) 74			IF UNDER 1 YEAR Months 6 Days 7 Hours Min. 		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Harness maker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Nebraska City, Nebr.	
12. CITIZEN OF WHAT COUNTRY? U S A			13. FATHER'S NAME John Lorenz		
14. MOTHER'S MAIDEN NAME Anna Yetner			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. 500-09-2725			17. INFORMANT Darleen Johnson, Marionville, Mo.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 3 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Bronchopneumonia		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Marionville COUNTY Lawrence STATE Missouri
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21. I attended the deceased from **4-17-57** to **4-22-57** and last saw **him** alive on **4-22-57**
Death occurred at **2:00 p.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. L. Edwards M.D.	22b. ADDRESS Monett, Mo.	22c. DATE SIGNED 4-24-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-25-57	23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery	23d. LOCATION (City, town, or county) Marionville, Mo. (State)
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24. FUNERAL DIRECTOR J. B. Durridge ADDRESS Marionville, Mo.	25. DATE RECD. BY LOCAL REG. 4-25-56	26. REGISTRAR'S SIGNATURE Mrs. P. N. Cook
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(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service

S. 300
y. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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securing the medical certification in the specific manner required by 193.140 MO. REV. ST. 1949.

**BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.**

NO. 457-70

DATE REC. 4-29-57

MAY 1 1957

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 *William A. Fulks*

Licensed Embalmer No. 465

P. O. Address *Marionville*

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.