

FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4306 28707
STATE FILE NUMBER

Registration District No. 195243 Primary Registration District No. 4364 Registrar's No. 20

| | | | | | |
|--|----------------------------------|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY McDonald | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Okla. b. COUNTY Delaware ✓ | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stella <i>Moel</i> | | Inside Limits Yes LI No <input type="checkbox"/> | c. CITY OR TOWN Grove | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fountain Hosp. | | Length of stay in lb 1 day | d. STREET ADDRESS (If outside, give location) | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last Lorenzo (n) Votaw | | | 4. DATE OF DEATH Month Day Year 6 25 57 | | |
| 5. SEX Male <input checked="" type="checkbox"/> | 6. COLOR OR RACE Wh | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 7-2-1879 | 9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Month Day Hours Min. 11 23 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-stockman | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S. |
| 13. FATHER'S NAME Unknown | | | 14. MOTHER'S MAIDEN NAME Unknown | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Address Milford Votaw, Kansas City, 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) <i>carcinoma (intestine)</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>primary prostatic carcinoma</i> DUE TO (c) <i>carcinoma</i> | | | | | INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i> <i>5 years</i> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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 | | COUNTY STATE |
| 21. I attended the deceased from <i>6/24/57</i> to <i>6/25/57</i> and last saw her/him alive on <i>6/26/57</i> . Death occurred at <i>6-15 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <i>D. Fountain D.O. Moel MD</i> | | | 22b. ADDRESS <i>Moel MD</i> | | 22c. DATE SIGNED <i>6/26/57</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 6-28-57 | 23c. NAME OF CEMETERY OR CREMATORY Saratoga Springs | | 23d. LOCATION (City, town, or county) (State) Saratoga Springs, Mo. | |
| 24. FUNERAL DIRECTOR Worley Funeral Home, Grove, Okla. | | ADDRESS | 25. DATE RECD. BY LOCAL REG. 7-15-57 | 26. REGISTRAR'S SIGNATURE <i>Frederic M. Healy</i> | |

(Licensed Embalmer's Statement on Reverse Side)

DISEASES IN PART I MUST BE CASUALLY RELATED. CORONER CANNOT CERTIFY TO A DEATH DUE TO NATURAL CAUSES.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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Card Count

RECEIVED

District Health Officer No. Newton
District File Number 857-193
Date Filed AUG 20 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 J. M. Humphrey

Licensed Embalmer No. 40

P. O. Address Noel

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