

FILED OCT 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILER NUMBER 30793

Registration District No. 30 Primary Registration District No. 4038 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY Benton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Benton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WARSAW		c. CITY OR TOWN WARSAW	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last CHESTER IVAN LORIMOR		4. DATE OF DEATH Month Day Year Sept 30 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 July 28, 1896
9. AGE (In years last birthday) 61		10. BIRTHPLACE (City and state or country) Cedar Co., Mo.	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Arthur Lorimer		13b. MOTHER'S MAIDEN NAME Lillie Connor	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War I		17. INFORMANT Address Emma Mae Lorimer - Warsaw	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary failure DUE TO (b) Thrombotic encephalomalacia DUE TO (c) Atherosclerosis			INTERVAL BETWEEN ONSET AND DEATH 1 hr 3 mo. 3 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 332X			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 <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 May 1, 57 to Sept 30, 57 and last saw him alive on 9/29/57 Death occurred at 8:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Dress or title) Guessally DO		22b. ADDRESS Warsaw Mo	
22c. DATE SIGNED 9/30/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct 2, 1957	23c. NAME OF CEMETERY OR CREMATORY Shiloh Cemetery	23d. LOCATION (City, town, or county) (State) Bentonville Benton Co. Mo
24. FUNERAL DIRECTOR Reser Funeral Home	ADDRESS Warsaw	25. DATE RECD. BY LOCAL REG. Oct. 1-1957	26. REGISTRAR'S SIGNATURE Jas. A. Logan

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Oct 9 1951

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

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.