

Health, Welfare Public Service

FILED SEP 20 1957

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

32869 STATE FILE NUMBER

Registration District No. 273 Primary Registration District No. 3051 Registor's No. 90

1. PLACE OF DEATH a. COUNTY PERRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY STE. GENEVIEVE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PERRYVILLE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN STE. GENEVIEVE MO Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PERRY CO. MEMORIAL Length of stay in 1b 3 DAYS		d. STREET ADDRESS 232 N. MAIN (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) LORINE ROSE JONEREST First Middle Last			4. DATE OF DEATH AUG. 24 1957 Month Day Year		
5. SEX FEMALE	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 MARCH 4 1910	9. AGE (In years last birthday) 47 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) RIVER AUX VASES MO		12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME GEORGIN KREITLER			14. MOTHER'S MAIDEN NAME ANN LA FORTE		
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. 486-38-1146	17. INFORMANT Evelyn Nollen Ste. Genevieve Mo Address		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatous, Widespread		INTERVAL BETWEEN ONSET AND DEATH 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Adenocarcinoma, Cervix uteri	3 years
	DUE TO (c)	
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"/> 2

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 **May 1952**, to **August 1957** and last saw her ^{alive} **August 24, 1957**
Death occurred at **9:25 A** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title)	22b. ADDRESS Ste Genevieve, Mo	22c. DATE SIGNED 8-25-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE AUG 26 1957	23c. NAME OF CEMETERY OR CREMATORY VALLE SPRING	23d. LOCATION (City, town, or county) STE. GENEVIEVE MO (State)
24. FUNERAL DIRECTOR Sec. Barber Ste. Genevieve Mo ADDRESS		25. DATE RECD. BY LOCAL REG. 8-27-57	26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

300 1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1951 0 2 1851

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 *Adrian J. Heller*

Licensed Embalmer No. *47*

P. O. Address *St. Ignace*

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.