

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39268

STATE FILE NUMBER
1313

FILED DEC 9 - 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1313

V. S. 300
ev. 1-57

1. PLACE OF DEATH a. COUNTY Euchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Joseph		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2603 Monterey St.		d. STREET ADDRESS (If outside, give location) 2603 Monterey St.	
3. NAME OF DECEASED (Type or print) First Lorena Middle Last Hales		4. DATE OF DEATH Month November Day 25 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH December 1, 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RNurse		10b. KIND OF BUSINESS OR INDUSTRY Nursing	9. AGE (In years last birthday) 75
11. BIRTHPLACE (City and state or country) Perrin, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Hales		13b. MOTHER'S MAIDEN NAME Isabelle Bogard	
14. NAME OF HUSBAND OR WIFE -----		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 464-449978		17. INFORMANT Mrs. Leone Smith Address Denver, Colo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Malnutrition Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cause of infection. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 153X			INTERVAL BETWEEN ONSET AND DEATH 2 mo 4 Month
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 7-1-57 to 11-25-57 and last saw her alive on 11-24-57 Death occurred at 7:45 P m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Paul Jorgensen M.D. (Degree or title)		22b. ADDRESS 420 7th St Joseph Mo	
22c. DATE SIGNED 11-27-57		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Nov. 29, 1957.		23c. NAME OF CEMETERY OR CREMATORY Perrin Cemetery	
23d. LOCATION (City, town, or county) Perrin, Missouri. (State)		24. FUNERAL DIRECTOR Meierhoffer-Fleeman, Inc., St. Joseph, Mo. ADDRESS _____	
25. DATE RECD. BY LOCAL REG. Dec 4, 1957		26. REGISTRAR'S SIGNATURE Mrs Robert Fulton	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

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 *Albert B. Harrington*

Licensed Embalmer No. 3258

P. O. Address St. Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.