

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4293
5695
58-029573
STATE FILE NUMBER

FILED AUG 25 1958

Registration District No. #181 Primary Registration District No. 5695 Registrar's No. 46

300
1-57
570

1. PLACE OF DEATH a. COUNTY LINCOLN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LINCOLN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ELSBERRY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN WARD OF COUNTY COURT for approx. 25 yrs. Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LADEN'S NURSING HOME		Length of stay in 1b 2 yrs.	d. STREET ADDRESS 0570 (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ADDIE Middle LORENZ Last LORENZ			4. DATE OF DEATH Month 8 Day 4 Year 58		
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 5-5-1870	9. AGE (In years at birthday) 88	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE KEEPING		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) AUSTRIA		12. CITIZEN OF WHAT COUNTRY? UNKNOWN
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE NOT MARRIED	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address COUNTY COURT TROY, MO.
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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
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		4200
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 _____ 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 _____
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*21: I attended the deceased from **Jan. 22, 1958** to **August 4, 1958** and last saw her alive on **August 3, 1958**. Death occurred at **7:40** a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert M. Hull M.D. (Degree or title)	22b. ADDRESS Clasberg Missouri	22c. DATE SIGNED 8/4/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8-4-58	23c. NAME OF CEMETERY OR CREMATORY ANATOMICAL BOARD	23d. LOCATION (City, town, or county) (State) ST. LOUIS UNIV. - ST. LOUIS MO
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24. FUNERAL DIRECTOR O'GARRAN Ricks	ADDRESS ELSBERRY	25. DATE RECD. BY LOCAL REG. 8/24/58	26. REGISTRAR'S SIGNATURE Mrs. Clarence Kientz
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *W. Galantich*

Licensed Embalmer No. *4012*
P. O. Address... *Chaberry*

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.