

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033736

STATE FILE NUMBER

FILED SEP 22 1958

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 365

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY <i>Pettis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Pettis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Sedalia</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Sedalia 0804</i>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>112 W. 4th</i>		Length of stay in lb <i>Life</i>	d. STREET ADDRESS (If outside, give location) <i>236 So. Prospect</i>
3. NAME OF DECEASED (Type or print) <i>Herbert Lawrence Loernig</i>		First Middle Last	4. DATE OF DEATH Month Day Year <i>Sept. 18, 1958</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Oct 8, 1892</i>
9. AGE (In years last birthday) <i>64</i>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Office work</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Real Estate</i>	11. BIRTHPLACE (City and state or country) <i>Sedalia Mo</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>Joseph Zoernig</i>	13b. MOTHER'S MAIDEN NAME <i>Francisco Lux</i>
14. NAME OF HUSBAND OR WIFE <i>Mary Felten Zoernig</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <i>Yes WWI</i>	16. SOCIAL SECURITY NO. <i>491-07-6454</i>
17. INFORMANT <i>Mrs. Mary Zoernig</i>		Address <i>236 So Prospect</i>	
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>Acute Coronary Occlusion</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Instantaneous</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<i>4201</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 <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>9-18-58</i> to <i>9-18-58</i> and last saw him alive on <i>9-18-58</i> Death occurred at <i>4 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>T. Spencer Hopkins, M.D.</i>		22b. ADDRESS <i>1609 S. Tenth Sedalia, Mo.</i>	22c. DATE SIGNED <i>9-19-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Sept 20, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>	23d. LOCATION (City, town, or county) (State) <i>Sedalia Mo</i>
24. FUNERAL DIRECTOR <i>McLaughlin Bros - Sedalia Mo</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>9-30-1958</i>	26. REGISTRAR'S SIGNATURE <i>Frances Shelby</i>

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.

SEP 1 1958

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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.P. McLeary*

Licensed Embalmer No. *3153*

P. O. Address *Sedalia, 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.