Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-014570
STATE FILE NUMBER

FILED APR 29 1959 Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 156

1. PLACE OF DEATH
a. COUNTY St Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Bonne Terre Hospital — Length of stay in Ib 0

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo
b. COUNTY St Francois
c. CITY OR TOWN Bonne Terre — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 119 Dover — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: ELIZABETH Middle: HELEN Last: LORINC

4. DATE OF DEATH Month: April Day: 17 Year: 1959

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: Feb. 15, 1872
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months 2 Days 2 — IF UNDER 24 HRS.: 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): Czechoslovakia
12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME: John Stoffa
13b. MOTHER'S MAIDEN NAME: Dora Stoffa
14. NAME OF HUSBAND OR WIFE: John Lorinc Sr.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give dates of service) *******
16. SOCIAL SECURITY NO. ******
17. INFORMANT: Mrs. Robert Cash Address: Bonne Terre, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)
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 [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 3/28/59, to 4/17/59 and last saw her/him alive on 4/17/59
Death occurred at 6:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) MD
22b. ADDRESS: Bonne Terre, Mo.
22c. DATE SIGNED: 4/20/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Apr 20, 1959
23c. NAME OF CEMETERY OR CREMATORY: Bonne Terre Cemetery
23d. LOCATION (City, town, or county) (State): Bonne Terre, Mo.

24. FUNERAL DIRECTOR: C. Z. BOYER & SON INC. ADDRESS: Bonne Terre Mo
25. DATE RECD. BY LOCAL REG.: Apr. 23, 1959
26. REGISTRAR'S SIGNATURE: Esther Rudolph

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 B. T. Boyer
B. T. BOYER
Licensed Embalmer No. 3660
P. O. Address Desloge, 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.