

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018283
STATE FILE NUMBER

FILED JUN 4 1959 Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Phillipsburg
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Long's Nursing Home		Length of stay in 1b 6 days	d. STREET ADDRESS (If outside, give location) Main St.
4		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Ellsworth Middle Leopold Last Lorance			4. DATE OF DEATH Month May Day 28 Year 1959			
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5. SEX male	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 Jan. 26, 1883	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer & stockman	10b. KIND OF BUSINESS OR INDUSTRY Farmer & stockman	11. BIRTHPLACE (City and state or country) Conway, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas J. Lorance	13b. MOTHER'S MAIDEN NAME Mary Ellen Coffman	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none none	16. SOCIAL SECURITY NO. none	17. INFORMANT Joe Long	Address Lebanon, Missouri
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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) Cerebrovascular disease		INTERVAL BETWEEN ONSET AND DEATH ?
DUE TO (b) Hypertension & malnutrition		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)		?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 334X		

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.)
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20c. TIME OF INJURY Hour 5:15 a.m. 5 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 Lebanon, Missouri	COUNTY Laclede	STATE Mo.
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21. I attended the deceased from 5-15-59 to 5-21-59 and last saw him alive on 5-21-59 Death occurred at 5:15 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. W. Cunningham M.D.	(Degree or title) 0	22b. ADDRESS Lebanon, Missouri	22c. DATE SIGNED 5-29-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 5-30-59	23c. NAME OF CEMETERY OR CREMATORY Bear Thicket Cemetery	23d. LOCATION (City, town, or county) (State) Laclede County, Mo.
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24. FUNERAL DIRECTOR D. Shull	ADDRESS Lebanon, Mo.	25. DATE RECD. BY LOCAL REG. 5-30-1959	26. REGISTRAR'S SIGNATURE Hella L. Hays
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *R. L. Barber*
Licensed Embalmer No. *20874*

P. O. Address *W. H. ...*

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.