

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-025270

FILED JUL 17 1959

Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER 3205 Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION 4429 VIRGINIA		Length of stay in 1b 50 YEARS	d. STREET ADDRESS (If outside, give location) 4429 VIRGINIA
3. NAME OF DECEASED (Type or print) First Middle Last LOUIS SHERMAN LORENZ			4. DATE OF DEATH Month Day Year JUNE 28, 1959
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 14, 1881
9. AGE (In years last birthday) 78		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) CHEF		10b. KIND OF BUSINESS OR INDUSTRY HOTELS & CLUBS	11. BIRTHPLACE (City and state or country) DAVENPORT, IOWA
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME HENRY RREDERICK C. LORENZ	
13b. MOTHER'S MAIDEN NAME MARGARET WITT		14. NAME OF HUSBAND OR WIFE ENOLA VIOLETTA LORENZ	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 509-10-2189	17. INFORMANT EARL F. LORENZ-KANSAS CITY, MISSOURI Address 3605 E. 41st. St.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chr Myocarditis</u>			<u>5 yrs</u>
DUE TO (c) <u>Hypertension</u>			<u>5 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None</u>			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.) <u>None</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <u>None</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NO</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>NO</u>	
21. I attended the deceased from <u>June 27, 1959</u> to <u>June 28, 1959</u> Death occurred at <u>6:00 A.M.</u> on the date stated above; and to the best of my knowledge, from the cause stated.			
22a. SIGNATURE <u>W. J. Carlholt MD</u>		22b. ADDRESS <u>4094 Baltimore</u>	22c. DATE SIGNED <u>6/29/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JULY 1, 1959	23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS
23d. LOCATION (City, town, or county) KANSAS CITY, MISSOURI		23e. STATE (State)	
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS-KANSAS CITY, MO		25. DATE RECD. BY LOCAL REG. 6-30-59	26. REGISTRAR'S SIGNATURE <u>vera minifall</u>

M.B. Casebolt USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

Dancer, coroner, etc. must use only standard nomenclature in Part I. No symptoms will be stated. 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

Raymond M. Hardy

Licensed Embalmer No. *4913*

P. O. Address *Indep, 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.