

UNIFORM DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-029289

FILED VS AUG 1 1960

STATE FILE NUMBER

Registration District No. 224 Primary Registration District No. 6093 Registrar's No. 142

ENDED

1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri COUNTY Ste. Genevieve					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		Length of stay in 1b 19 yrs.		c. CITY OR TOWN St. Marys		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Marshall State School & Hospital			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) ---		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Paul Middle Edward Last Lorch				4. DATE OF DEATH Month July Day 24 Year 1960					
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 1-31-1933		9. AGE (last birthday) 27 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Patient				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Marys, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Henry J. Lorch			13b. MOTHER'S MAIDEN NAME Lolita Bartlett			14. NAME OF HUSBAND OR WIFE ---			
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. None		17. INFORMANT Records of Address Marshall State School & Hosp., Marshall, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of testicle with metastases to lungs and liver							INTERVAL BETWEEN ONSET AND DEATH 2 mos.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <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 4-1-1959 to 7-24-60 and last saw ^{her} him alive on 7-24-60 Death occurred at 6:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE A. B. Day M.D. <i>A. B. Day</i>				22b. ADDRESS Marshall State School & Hosp., Marshall, Mo.				22c. DATE SIGNED 7-24-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 7-27-1960		23c. NAME OF CEMETERY OR CREMATORY ST MARYS CEMETERY		23d. LOCATION (City, town, or county) (State) ST MARYS MISSOURI			
24. FUNERAL DIRECTOR BASLER FUNERAL Home				ADDRESS St Genevieve, Mo		25. DATE RECD. BY LOCAL REG. 7-25-60		26. REGISTRAR'S SIGNATURE <i>Cecil G. Lead</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jack M. Reese

Licensed Embalmer No. 4643

P. O. Address Marshall

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.