

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037220

FILED VS SEP 20 1960

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 179

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>															
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Nevada</b>		Length of stay in 1b <b>10 years</b>		c. CITY OR TOWN <b>Nevada</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>													
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1242 North Ash</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1242 North Ash</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
3. NAME OF DECEASED (Type or print) First <b>ANNA</b> Middle <b>JANIE</b> Last <b>LORENTZ</b>				4. DATE OF DEATH Month <b>September</b> Day <b>9</b> Year <b>1960</b>															
5. SEX <b>Fm</b>		6. COLOR OR RACE <b>Wh</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>6-12-1885</b>		9. AGE (last birthday) <b>75</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>		11. BIRTHPLACE (City and state or country) <b>Janesville, Wisconsin</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>											
13a. FATHER'S NAME <b>Patrick Horton</b>				13b. MOTHER'S MAIDEN NAME <b>Mary Ann Irwin</b>				14. NAME OF HUSBAND OR WIFE <b>Edwin Bruce Lorentz</b>											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Nevada, Missouri</b> <b>Edwin Bruce Lorentz, 1242 North Ash</b>													
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Nephritis, chronic, arteriosclerotic</b> DUE TO (b) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <b>Hypertension &amp; hypertensive heart disease</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										INTERVAL BETWEEN ONSET AND DEATH <b>4 yrs.</b>									
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 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 <b>8-31-60</b> to <b>9-9-60</b> and last saw her <sup>her</sup> <sub>me</sub> alive on <b>9-7-60</b> Death occurred at <b>1:35</b> <b>p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE (Degree or title) <b>E. Braxton Davis, M.D.</b>						22b. ADDRESS <b>Nevada, Mo.</b>				22c. DATE SIGNED <b>9-12-60</b>									
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1960 September 12</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Calvary Cemetery</b>			23d. LOCATION (City, town, or county) (State) <b>Nevada Missouri</b>												
24. FUNERAL DIRECTOR <b>Ferry Funeral Home Nevada, Missouri</b>				25. DATE RECD. BY LOCAL REG. <b>9-17-1960</b>		26. REGISTRAR'S SIGNATURE <b>Anna E. Jerry</b>													

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 L. Angelo Ferris

Licensed Embalmer No. 496

P. O. Address Nevada

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.