

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-008107

AMENDED

FILED VS MAR 13 1961

Primary Registration District No. 3016 Registrar's No. 64

STATE FILE NUMBER

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>COLE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JEFFERSON CITY</b>		Length of stay in 1b <b>8 days</b>	c. CITY OR TOWN <b>BELLE</b>
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>MEMORIAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>R.</b> Last <b>LORTS</b>			4. DATE OF DEATH Month <b>MARCH</b> Day <b>3</b> Year <b>1961</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</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>2-28-1874</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED MERCHANT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>ST. JAMES, MO.</b>	9. AGE (last birthday) <b>87 yrs</b>
13a. FATHER'S NAME <b>JOHN LORTS</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH COLLINS</b>	11. BIRTHPLACE (City and state or country) <b>U.S.</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. <b>None</b>	17. INFORMANT <b>X. M. L. Lorts</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>Uremia, marked,</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Pyelonephritis, acute, Bilateral</b> <b>Nephrolithiasis, left</b> DUE TO (c) <b> cystitis, acute</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>3 weeks</b> <b>3 weeks</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Bleeding duodenal ulcers, multiple</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 e.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 <b>3-4-61</b> to <b>3-7-61</b> and last saw him alive on <b>3-7-61</b> Death occurred at <b>11:25</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE <b>Rendall G. Clark, MD</b>		22a. ADDRESS <b>Jefferson City, MO</b>	22c. DATE SIGNED <b>3-8-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>March 11-1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Liberty Cemetery</b>	23d. LOCATION (City, town, county) <b>Belle-Mo.</b>
24. FUNERAL DIRECTOR <b>W. S. Sisson</b>	ADDRESS <b>2000 S. Main Belle-Mo</b>	25. DATE RECD. BY LOCAL REG. <b>10 March 1961</b>	26. REGISTRAR'S SIGNATURE <b>R. P. Harris, MD - Richter App</b>

SEP 19 1906

**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 Chester Dasmann

Licensed Embalmer No. 4178

P. O. Address Bland-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.