

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016556

AMENDED 042 1000 491 STATE FILE NUMBER  
 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 491

**FILED MAY 22 1961**

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF **S.E. Melurey, M.D.**

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Buchanan</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Joseph</b>   |  | Length of stay in 1b<br><b>life</b>   | c. CITY OR TOWN <b>St. Joseph</b><br>Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>2920 Blackwell Road</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>2920 Blackwell Road</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>            |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>LAWRENCE JOSEPH LOREY</b>   |  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>May 9, 1961</b>   |
| 5. SEX<br><b>male</b>  | 6. COLOR OR RACE<br><b>white</b>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>                             | 8. DATE OF BIRTH<br><b>4/15/1898</b>   |
| 9. AGE (last birthday)<br><b>63</b>  |  | IF UNDER 1 YEAR<br>Months Days Hours Min.   | IF UNDER 24 HR<br>Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>carpenter</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Contracting Co.</b>   | 11. BIRTHPLACE (City and state or country)<br><b>St. Joseph, Mo.</b>   |
| 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>  |  | 13a. FATHER'S NAME<br><b>Joseph W. Lorey</b>  |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Madora Grazier</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Edna</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>   |  | 17. INFORMANT Address<br><b>Mrs. Edna Lorey, 2920 Blackwell Rd., St. Joseph, Mo.</b>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Anoxia</b>  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>at once</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Strangulation</b>  |  |   | <b>at once</b>   |
| DUE TO (c) <b>Self inflicted hanging</b>   |  |   | <b>at once</b>   |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><b>Struck on chair placed nose about neck and stepped from chair nose led to death.</b> |  |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br><b>4 p.m. May 9-61</b>   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>    | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>home</b>   | 20f. CITY, TOWN, OR LOCATION COUNTY STATE<br><b>St. Joseph Buchanan Mo</b>   |
| 21. I attended the deceased from <b>viewed body</b> and last saw <b>him</b> alive on <b>May 9-61</b><br>Death occurred at <b>4 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>S.E. Melurey, M.D.</b>  |  | 22b. ADDRESS<br><b>620 Francis St. St. Joseph, Mo</b>   | 22c. DATE SIGNED<br><b>May 11, 61</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>   | 23b. DATE<br><b>5/12/1961</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Memorial Park Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Joseph, Missouri</b>   |
| 24. FUNERAL DIRECTOR<br><b>Walter Bowman</b>   | ADDRESS<br><b>St. Joseph, Mo.</b>  | 25. DATE RECD. BY LOCAL REG.<br><b>May 15, 1961</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Ma. Clark Kendall</b>  |

**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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St. Jno.

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.