

COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045665

STATE FILE NUMBER

Registration District No. 239 Primary Registration District No. 4356 Registrar's No. 34

FILED JAN 8 1962

AMENDED

1. PLACE OF DEATH a. COUNTY New Madrid			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. COUNTY New Madrid			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Parma		Length of stay in lb 5 yrs.	c. CITY OR TOWN Parma		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Residence on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Abraham Lincoln Lorey			4. DATE OF DEATH Month Day Year Dec. 24, 1961			
5. SEX M	6. COLOR OR RACE cauc.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug. 15, 1872	9. AGE (last birthday) 89 yrs.	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) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Lancaster County Penn., USA		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Henry Lorey		13b. MOTHER'S MAIDEN NAME Susan Hornberger		13c. NAME OF HUSBAND OR WIFE Mary Francis Lorey		
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 Address Mrs. J.O. Niswonger, Parma 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) Cardiac Insufficiency DUE TO (b) due to old age DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH	
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"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input 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 s.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 <u>1956</u> to <u>Dec. 24, 1961</u> and last saw him alive on <u>Dec. 21, 1961</u> Death occurred at <u>6:50 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Dr. George H. Husted M.D.			22b. ADDRESS Parma, Mo.		22c. DATE SIGNED 12/27/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Dec. 28, 1961	23c. NAME OF CEMETERY OR CREMATORY Towles Cemetery	23d. LOCATION (City, town, or county) (State) 4 Mi. S. of Doniphan, Mo.			
24. FUNERAL DIRECTOR ADDRESS Watkins And Sons, Parma Mo.		25. DATE RECD. BY LOCAL REG. 12/27/61	26. REGISTRAR'S SIGNATURE Dr. George H. Husted, M.D.			

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Carl Swathkins

Licensed Embalmer No. 4964

P. O. Address Leptons

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.

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