

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-027529

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 368

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUL 23 1962 Jasper

1. **PLACED OF DEATH**
 a. COUNTY Jasper

2. **USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin Length of stay in lb 50 yrs

c. CITY OR TOWN Joplin Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1118 Connor Avenue Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 1118 Connor Ave. Reside on Farm Yes No

3. **NAME OF DECEASED** (Type or print) First OTIS Middle LYMAN Last LORTON

4. **DATE OF DEATH** Month July Day 19 Year 1962

5. **SEX** M 6. **COLOR OR RACE** W 7. **Married** Never Married Widowed Divorced

8. **DATE OF BIRTH** 10-24-1889 9. **AGE (last birthday)** 72 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. **USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Retired- Freight Division 10b. **KIND OF BUSINESS OR INDUSTRY** Frisco R.R. Co. 11. **BIRTHPLACE** (City and state or country) Ft. Scott, Kansas 12. **CITIZEN OF WHAT COUNTRY** USA

13a. **FATHER'S NAME** Charles A. Lorton 13b. **MOTHER'S MAIDEN NAME** Mary Waggoner 14. **NAME OF HUSBAND OR WIFE** Ada Lorton

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.** Unk 17. **INFORMANT** Mrs. Ada Lorton, 1118 Connor Ave., Joplin Address

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Presumed to be natural causes (coroner notified)
 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. Yes No Unknown

19. **WAS AUTOPSY PERFORMED?** YES NO 20a. **ACCIDENT** **SUICIDE** **HOMICIDE** 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** NOT WHILE AT WORK 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 No Doctor in attendance and last saw ^{her} him alive on _____
 Death occurred at 5 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. **SIGNATURE** Dove Merriam (Degree or title) Local Registrar 22b. **ADDRESS** 201 Joplin Joplin, Mo 22c. **DATE SIGNED** 7/20/62

23a. **BURIAL, CREMATION, REMOVAL** (Specify) Burial 23b. **DATE** 7-21-1962 23c. **NAME OF CEMETERY OR CREMATORY** Ozark Memorial Park, 23d. **LOCATION** (City, town, or county) (State) Joplin, Missouri

24. **FUNERAL DIRECTOR** STEVE PARKER MORTUARY, JOPLIN, MISSOURI ADDRESS _____ 25. **DATE REC'D. BY LOCAL REG.** July 20, 1962 26. **REGISTRAR'S SIGNATURE** Dove Merriam

USE BLACK INK OR TYPEWRITER RIBBON

JUL 31 1962

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 Robert L. Zak

Licensed Embalmer No. 5193

P. O. Address Joplin, 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.