

FILED NOV 30 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38480**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **3028** Registrar's No. **244**

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carthage</b>		c. LENGTH OF STAY (in this place) <b>12 hr</b>	c. CITY OR TOWN <b>Carthage</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McCune Brooks Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>1835 S. Main St.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Mary</b>	b. (Middle) <b>J.</b>	c. (Last) <b>Lorkoski</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>11-17-1956</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 28, 1882</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	Mins.
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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>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Trenton, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Ballard Chappell</b>	13b. MOTHER'S MAIDEN NAME <b>Zorada Hocker</b>	14. NAME OF HUSBAND OR WIFE <b>John Lorkoski</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or date of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>John Lorkoski</b>	ADDRESS <b>Carthage, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemorrhage Cerebral</b>		INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>none</b>	19b. MAJOR FINDINGS OF OPERATION <b>331x</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>none</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Nov 16, 1956**, to **Nov 17, 1956**, that I last saw the deceased alive on **Nov 16, 1956** and that death occurred at **9:10 A.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>George J. Wood M.D.</b>	23b. ADDRESS <b>Carthage, Missouri</b>	23c. DATE SIGNED <b>11-18-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11-19-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Carthage, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>11-19-56</b>	REGISTRAR'S SIGNATURE <b>Edw. Clinton</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>ULMER FUNERAL HOME</b>	ADDRESS <b>CARTHAGE, MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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SEP 1 1959

SEP 1 1959

VS SEP 1 1959

**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 *Elmer C. Brown*.....  
1959

Licensed Embalmer No.....

P. O. Address *Cortha*.....

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.