

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0005548

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

MR FILED 10 64

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 118

VS 300
Rev. 4/59

1 0/168
2 0/160

3

4 0

5 1

6

7 0

8 2

9 1/201

10

11

12 3-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | | | | |
|---|---|---|---|--|--|-------|
| 1. PLACE OF DEATH a. COUNTY Cape Girardeau | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE Missouri COUNTY Cape Girardeau | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau | | Length of stay in 1b 3 days | c. CITY OR TOWN Gordonville | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION S.E. Missouri Hospt. | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) R.F.D.# 1 | | |
| 3. NAME OF DECEASED (Type or print) First Walter Middle William Last Lorberg | | | 4. DATE OF DEATH Month March Day 6 , Year 1964 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 11/6/14/ | 9. AGE (last birthday) 49 | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (City and state or country) near Gordonville, Mo. U. S. A. | | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |
| 13a. FATHER'S NAME Leo C. Lorberg | | 13b. MOTHER'S MAIDEN NAME Wilhelmina Sanders | | 14. NAME OF HUSBAND OR WIFE Edna Lorberg | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | | NO. 82 | 17. INFORMANT Address Mrs. Edna Lorberg Gordonville, Mo | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| IMMEDIATE CAUSE (a) Acute Coronary Thrombosis | | | | | 5 days. | |
| DUE TO (b) Coronary Atherosclerosis | | | | | 6 mo. | |
| 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. <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 a.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 October 1963 to 3-6-64 and last saw him alive on 3-5-64 Death occurred at 1:45 a. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE E.F. McDonald, M.D. (Degree or title) | | | 22b. ADDRESS 217 W. Main St. Jackson, Missouri | | 22c. DATE SIGNED 3/6/64 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 3/8/64/ | 23c. NAME OF CEMETERY OR CREMATORY Christ Lutheran | | 23d. LOCATION (City, town, or county) (State) Gordonville, Mo. | | |
| 24. FUNERAL DIRECTOR ADDRESS C. J. Lorberg Cape Girardeau, Mo. | | | 25. DATE RECD. BY LOCAL REG. 3-7-64 | 26. REGISTRAR'S SIGNATURE James Kasten | | |

USE BLACK INK
OR
TYPEWRITER RIBBON

MAR 24 1964

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 _____

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, 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.

This certificate taken to Doctor: 3/6/1964

Certificate received from Doctors Office: 3/7 /1964