

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032333

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

4491

STATE FILE NUMBER

FILED AUG 28 1963

## 1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
KANSAS CITY

Length of stay in 1b  
93 YEARS

c. FULL NAME OF (If NOT in hospital, give location)  
HOSP. TRINITY LUTHERAN

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY JACKSON

c. CITY OR TOWN KANSAS CITY

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
1836 E. 76TH STREET

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First Middle Last  
BERTHA I LOREN

4. DATE OF DEATH  
Month Day Year  
AUGUST 9 1963

## 5. SEX

FEMALE

## 6. COLOR OR RACE

WHITE

## 7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

11/2/1867

## 9. AGE (last birthday)

95

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

AT HOME

## 10b. KIND OF BUSINESS OR INDUSTRY

-----

## 11. BIRTHPLACE (City and state or country)

CALIFORNIA, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

FRANK HOBRECHT

## 13b. MOTHER'S MAIDEN NAME

UNKNOWN

## 14. NAME OF HUSBAND OR WIFE

ALBERT W. LOREN

## 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

1836 E. 76TH STREET FRANK J. LOREN, K.C., 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)

CEREBRAL VASCULAR ACCIDENT 6 DAYS  
GENERALIZED ARTERIOSCLEROSIS 1 YEAR

#### DUE TO (b)

#### DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

### 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 1962 to 8-9-63 and last saw her alive on 8-9-63  
Death occurred at 10:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE (Degree or title)

W. Butcher MD

## 22b. ADDRESS

7924 Paseo

## 22c. DATE SIGNED

8-10-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

## 23b. DATE

AUG. 12 1963

## 23c. NAME OF CEMETERY OR CREMATORY

MASONIC CEMETERY

## 23d. LOCATION (City, town, or county) (State)

CALIFORNIA MISSOURI

## 24. FUNERAL DIRECTOR

D.W. NEWCOMERS SONS, K.C., Mo.

## 25. DATE RECD. BY LOCAL REG.

8-12-63

## 26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF W. Butcher MEDICAL CERTIFICATION

ITEM NO.

VS 300 Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

71

72

73

74

75

76

77

78

79

80

81

82

83

84

85

86

87

88

89

90

91

92

93

94

95

96

97

98

99

100

101

102

103

104

105

106

107

108

109

110

111

112

113

114

115

116

117

118

119

120

121

122

123

124

125

126

127

128

129

130

131

132

133

134

135

136

137

138

139

140

141

142

143

144

145

146

147

148

149

150

151

152

153

154

155

156

157

158

159

160

161

162

163

164

165

166

167

168

169

170

171

172

173

174

175

176

Dr. Robert William Butcher  
7924 The Paces

12:00 - 4:00 PM

20 - 4 - 00  
2100

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 Vern Lawler

Licensed Embalmer No. 4915

P. O. Address K.C. 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.