

FILED NOV 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34771**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | | | | | |
|--|--|--|--|---|--|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>297</u> | | PRIMARY REG. DIST. NO. <u>3057</u> | | Registrar's No. <u>82</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Ray</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Richmond</u>) | | c. LENGTH OF STAY (in this place) <u>36 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>551 East Maine Street</u> | | | | d. STREET ADDRESS (If rural, give location) <u>223 West Royle St.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> | | b. (Middle) _____ | | c. (Last) <u>ORR</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>October 28, 1949</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Oct. 29, 1884</u> | |
| 9. AGE (In years last birthday) <u>64</u> | | IF UNDER 1 YEAR Months <u>11</u> Days <u>29</u> | | IF UNDER 2 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House painter</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Painting</u> | | 11. BIRTHPLACE (State or foreign country) <u>Benwhat, Scotland</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Thomas Orr</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Walker</u> | | 14. NAME OF HUSBAND OR WIFE <u>Margaret Woods Orr</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>499-07-6816</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Jared Orr</u> ADDRESS <u>Richmond, Missouri</u> | | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4/20</u> |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:45 a.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>John F. Baber, Coroner</u> (Degree or title) | | 23b. ADDRESS <u>Richmond MO</u> | | 23c. DATE SIGNED <u>10-29-49</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Oct. 30, 1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY: <u>Sunny Slope Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>Oct 30-1949</u> | | REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u> <u>273</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thurmond Funeral Home</u> ADDRESS <u>Richmond, Mo.</u> | | | |

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-9-49

MAY 22 1950

MAY 19 1950

VS MAY 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, ~~XXXX~~ _____

working under my personal supervision.

Student Embalmer No.

Signed William L. Thurman

Signed _____
Student Embalmer

Licensed Embalmer No. 4563

P. O. Address Richmond, Missouri

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 this body is not embalmed, fact should be so stated above.