

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10. 48

FILED MAY 19 1953

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Ray</u> <u>0891</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> <u>0891</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond</u>	
c. LENGTH OF STAY (in this place) <u>40 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>214 South Whitmer St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>214 South Whitmer St.</u>		e. STREET ADDRESS (If rural, give location) <u>214 South Whitmer St.</u>	

3. NAME OF DECEASED (Type or Print) <u>THOMAS</u> a. (First) <u>ORR</u> b. (Middle) <u>---</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>May 9, 1953</u>		
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5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 1, 1889</u>	9. AGE (In years last birthday) <u>64</u>	10. UNDER 1 YEAR Months	11. UNDER 1 Mth. Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired monument dealer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Monument shop</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Berwath, Ayleshire, Scotland</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Thomas Orr</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Walker</u>	14. NAME OF HUSBAND OR WIFE <u>Etta Blair Orr</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>496-24-1632</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Etta B. Orr, Richmond, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>30 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery</u> DUE TO (c) <u>Generalized Metastasis?</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>153X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Jan 1953 to May 9, 1953 that I last saw the deceased alive on 29 and that death occurred at 12:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Etta B. Orr M.D.</u>	23b. ADDRESS <u>Richmond</u>	23c. DATE SIGNED <u>5-11-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 10, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Richmond, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 11 - 1953</u>	REGISTRAR'S SIGNATURE <u>Malcol Jackson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thurman Funeral Home Richmond, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7000 11-24

MAY 22 1953

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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, Tom L. Thurman

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Tom L. Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, 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 this body is not embalmed, fact should be so stated above.