

FILED JUN 5 1946 STANDARD CERTIFICATE OF DEATH

State File No. 16051

Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 68

1. PLACE OF DEATH:

(a) County... CLAY  
(b) City or town... EXCELSIOR SPRINGS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
BALL'S CLINIC  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution...  
In this community... 3 DAYS  
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State... CALIFORNIA (b) County... 999  
(c) City or town... SANTA MONICA 4  
(If outside city or town limits, write "RURAL")  
(d) Street No... 1031 BERKELEY 0  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country...

3. (a) PRINT FULL NAME ORTON EVERETT DULING

3. (b) If veteran, name war... NO 3. (c) Social Security No... NONE

4. Sex... MALE (1) 5. Color or race... WHITE 6. (a) Single, widowed, married, divorced... MARRIED  
6. (b) Name of husband or wife... RUTH DULING 6. (c) Age of husband or wife if alive... 39 years  
7. Birth date of deceased... JULY - 17 - 1889  
(Month) (Day) (Year)

8. AGE: Years 56 Months 9 Days 20 If less than one day  
hr. min.

9. Birthplace... VIRGINIA  
(City, town, or county) (State or foreign country)

10. Usual occupation... INSURANCE

11. Industry or business... INSURANCE

12. Name... UNKNOWN

13. Birthplace... UNKNOWN  
(City, town, or county) (State or foreign country)

14. Maiden name... UNKNOWN

15. Birthplace... UNKNOWN  
(City, town, or county) (State or foreign country)

16. (a) Informant... Mrs. Ruth Duling

(b) Address... Los Angeles, California

17. (a) REMOVAL (b) Date thereof... 5-8-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... SANTA MONICA CALIF.

18. (a) Signature of funeral director... Claude Richard

(b) Address... EXCELSIOR SPRINGS, MO.

19. (a) 5/24/46 (b) Caroline Huthing  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th  
year 1946 hour 11-00 minute 0 P. M.

21. I hereby certify that I attended the deceased from May 7, 1946  
19 to May 7, 1946  
that I last saw him alive on May 7, 1946 and that death occurred on May 7, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death... Coronary Thrombosis - aged 59  
Due to...  
Due to...

Other conditions... (Include pregnancy within 3 months of death)

Major findings: Of operations...

Of autopsy... no

22. If death was due to external causes, fill in the information requested

(a) Accident, suicide, or homicide (specify)...

(b) Date of occurrence...

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury...

23. Signature... J. W. ... (M. D. or other)

Address... Los Angeles, California Date signed... 5-8-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 6-4-46

1946

JUN 9

DEC 10 1946

DEC 10 1946

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~~ \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 4168

P. O. Address Excelsior Springs, 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.

STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Calif. }  
County of Los Angeles }<sup>SS.</sup>

State File No. 16051  
Local Registrar's No. 68

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 21st day of September, 1946 before me appears.....

Orten E. Duling, Jr., who, upon his oath, states that the original record of <sup>birth</sup> death

for Orten E. Duling ~~born~~ May 7, 1946 in the State of Missouri, and which was filed at Jefferson City on 6-1, 1946 should be corrected as follows:

Item No. 6a should read ~~"MARRIED"~~ DIVORCED

Instead of married

Item No. 6b should read "NONE" OR LEAVE SPACE BLANK

Instead of Ruth Duling

Item No. 6c should read NOTHING IN THIS SPACE

Instead of 39

Item No. 9 should read BIRTHPLACE -- "MORGANTOWN - WEST VIRGINIA"

Instead of .....

Item No. 12 should read NAME CHARLES FRANKLIN DULING

~~Item No. 13~~ should read BIRTHPLACE CHARLESTON, W. VA.

Item No. 14 should read SARAH ANNIE McCULLOUGH

Instead of UNKNOWN

Item No. 15 should read KINGSTON, N.Y.

Instead of UNKNOWN

Item No. 16 should read ORTEN E DULING JR ; SANTA MONICA, CALIF

Instead of MRS RUTH DULING ; LOS ANGELES, CALIFORNIA

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Orten E Duling Jr. SON Relationship.

6203 Yolando, Reseda, Calif.  
Present Address.

Subscribed and sworn to before me this 21st day of September, 1946

My Commission expires Feb. 28, 1948 Marshall H. ... Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

DEC 10 1945

DEC 10 1946