

FILED MAY 3 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13390

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 3055 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. (If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u> & c.	
b. CITY OR TOWN <u>Balvay mo</u>		c. CITY OR TOWN <u>Balvay mo</u>	
c. LENGTH OF STAY (in this place) <u>10 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1231 Cottage St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1231 Cottage St.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 21 1949</u>	
3. NAME OF DECEASED a. (First) <u>Margaret</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Orevier</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>wh.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>Dec-22-1867</u>		9. AGE (In years last birthday) <u>81</u> Months <u>3</u> Days <u>19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u>	
11. BIRTHPLACE (State or foreign country) <u>Roe Hill, Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Stevens Eads</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Forbes</u>	
14. NAME OF HUSBAND OR WIFE <u>Charles Orevier</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Otis Orevier</u> ADDRESS <u>Balvay Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory collapse</u> INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> <u>10 yrs.</u> DUE TO (c) <u>Arteriosclerosis</u> <u>7</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>142X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (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) _____		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 <u>June, 1948</u> , to <u>April, 1949</u> , that I last saw the deceased alive on <u>April 21, 1949</u> , and that death occurred at <u>7:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____		23b. ADDRESS <u>Balvay, Mo.</u> 23c. DATE SIGNED <u>Apr. 23, 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr 23/49</u> 24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u> 24d. LOCATION (City, town, or county) (State) <u>Balvay Mo</u>	
DATE REC'D BY LOCAL REG. <u>April 23, 1949</u>		REGISTRAR'S SIGNATURE <u>Ralph Jordan</u> per <u>[Signature]</u> 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Balvay, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 71

District File Number 4-49-482

Date Filed 5-2-09

**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 .....  
Student Embalmer

Signed Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Bellevue, W

**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.