

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30914**

No. 300  
10.48

FILED SEP 20 1949

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BIRTH NO. _____		REG. DIST. NO. <u>174</u>		PRIMARY REG. DIST. NO. <u>5644</u>		Registrar's No. <u>61</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>LA FAYETTE</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>LEXINGTON</u>		c. LENGTH OF STAY (in this place) <u>years</u>		a. STATE <u>MISSOURI</u> b. COUNTY <u>LA FAYETTE</u>	
b. CITY OR TOWN <u>LEXINGTON</u>		c. CITY OR TOWN <u>LEXINGTON</u>		d. STREET ADDRESS <u>RURAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>54</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RURAL</u>		d. STREET ADDRESS (If rural, give location) <u>RURAL</u>		3. NAME OF DECEASED		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>Joseph</u>		b. (Middle) <u>M</u>		c. (Last) <u>Orendor</u>		Aug 4, 1949	
(Type or Print)							
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>FEB. 16, 1895</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>R.R.</u>		11. BIRTHPLACE (State or foreign country) <u>WAKENDA MO</u>		9. AGE (In years last birthday) <u>54</u> (Month) <u>5</u> (Day) <u>18</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JACOB ORENDOR</u>		13b. MOTHER'S MAIDEN NAME <u>MARY SPARKE</u>		14. NAME OF HUSBAND OR WIFE <u>NANCY LATHAM</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>495-20-6638</u>		17. INFORMANT'S SIGNATURE/OR NAME <u>NANCY ORENDOR</u> ADDRESS <u>LEX., MO</u>			
18. CAUSE OF DEATH							
Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		II. OTHER SIGNIFICANT CONDITIONS				1 week	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) <u>Hypertension</u>					
		DUE TO (c) <u>--</u>					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>--</u>				<u>381X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>--</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>--</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
				<u>Lexington Lafayette Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>--</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>--</u>			
22. I hereby certify that I attended the deceased from <u>July 28, 1949</u> , to <u>Aug. 4, 1949</u> , that I last saw the deceased alive on <u>Aug. 4, 1949</u> , and that death occurred at <u>9 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ben H. Brasher M.D.</u>				23b. ADDRESS <u>Lexington, Mo.</u>		23c. DATE SIGNED <u>8/6/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8/7/1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MARCELAH</u>		24d. LOCATION (City, town, or county) (State) <u>LEXINGTON MO</u>	
DATE REC'D BY LOCAL REG. <u>8/11/49</u>		REGISTRAR'S SIGNATURE <u>Wm. E. Schlabach</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>FORREST F. TEMPLE</u>		ADDRESS <u>LEX. MO</u>	

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

RECEIVED SEP 12  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 9-12-49

*Br...*

**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.

Signed .....  
Student Embalmer

Signed *L. McKean*  
.....  
Licensed Embalmer No. 3983  
P. O. Address *Levington, N.Y.*

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.