

FILED DEC 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42221**

BIRTH NO. 124 **REG. DIST. NO.** 316 **PRIMARY REG. DIST. NO.** 6095 **Registrar's No.** 436

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Farmington</u> OR TOWN <u>St. Francois</u> c. LENGTH OF STAY (in this place) <u>19</u> das.		c. CITY (If outside corporate limits, write RURAL and give township) <u>Parma</u> OR TOWN <u>RURAL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Hospital No.</u>		d. STREET ADDRESS <u>Route 1</u> (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>VAN BUREN</u> b. (Middle) c. (Last) <u>ORR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 3, 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>August 6, 1881</u>
9. AGE (In years last birthday) <u>68</u>	# UNDER 1 YEAR (Months) (Days) <u>3 27</u>	# UNDER 2 HRS. (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Dyer, Tennessee</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Eli Orr</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann Bobbitt</u>	14. NAME OF HUSBAND OR WIFE <u>Dora Elliott Clifton</u> Second wife.	
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>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hospital No. 4, Farmington, Mo.</u> ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7</u> das.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		Unknown	
DUE TO (c) <u>Psychosis with cerebral arteriosclerosis.</u>		331X	
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)	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>Nov. 11, 1949</u> to <u>Dec. 3, 1949</u> , that I last saw the deceased alive on <u>Dec. 3, 1949</u> , and that death occurred at <u>10:50 AM.</u> From the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John A. Brennan, M.D.</u>		23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>	23c. DATE SIGNED <u>12-5-49.</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 6, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Dyer, Tennessee</u>
DATE REC'D BY LOCAL REG <u>Dec. 5, 1949</u>	REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Funeral Home, Dexter, Mo.</u> ADDRESS	

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

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12-27-49

Health Officer, Y
No. 1249-169

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 R. Caldwell

Licensed Embalmer No. 2531

P. O. Address Flint Run Ma

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.