

BIRTH NO. 62327-50 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 2503

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY	
b. CITY OR TOWN <u>Richmond Hts</u>	c. LENGTH OF STAY (in this place) <u>9 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>ROLLA</u> <u>0812</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St Marys Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) <u>Pamela Sue Ormsbee</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>10-10-1950</u>
---	------------	-------------	-----------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED) <u>0</u>	8. DATE OF BIRTH <u>10-8-1950</u>	9. AGE (In years last birthday) <u>9</u>	IF UNDER 1 YEAR <u>9</u> Months	IF UNDER 6 HRS. <u>0</u> Hours	IF UNDER 15 MIN. <u>0</u> Min.
----------------------	-------------------------------	--	-----------------------------------	--	---------------------------------	--------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>me</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Richmond Hts Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
---	-----------------------------------	--	--

13a. FATHER'S NAME <u>Ireland Ormsbee</u>	13b. MOTHER'S MAIDEN NAME <u>Edna Mae Warren</u>	14. NAME OF HUSBAND OR WIFE <u>None</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.	17. INFORMANT'S SIGNATURE OR NAME <u>Rowland Ormsbee Anutt</u>	ADDRESS <u>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		INTERVAL BETWEEN ONSET AND DEATH <u>9 DAYS</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>TRACHEO BRONCHIAL PNEUMONIA & L FISTULA</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>7562</u>	

19a. DATE OF OPERATION <u>10/11/50</u>	19b. MAJOR FINDINGS OF OPERATION <u>CONFIRMED ABOVE</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 10/10, 1950, to 10/17, 1950, that I last saw the deceased alive on 10/17, 1950, and that death occurred at 10:42 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>James L. Mudd MD</u>	(Degree or title)	23b. ADDRESS <u>6347 Grand Blvd</u>	23c. DATE SIGNED <u>10/17/50</u>
--	-------------------	-------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10-17-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anutt</u>	24d. LOCATION (City, town, or county) (State) <u>Mo</u>
---	---------------------------	---	---

DATE REC'D BY LOCAL REG. <u>10-17-50</u>	REGISTRAR'S SIGNATURE <u>JR Donke M. Emb</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service Inc</u>	ADDRESS
--	--	--	---------

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

4005

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.