

FILED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

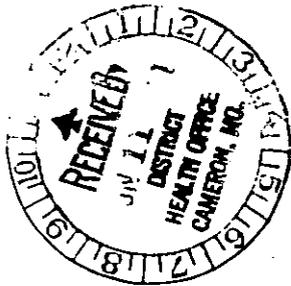
State File No. 17347

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5793 Registrar's No. 46

650
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1. PLACE OF DEATH a. COUNTY - Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mt. Moriah	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mercer County Rest Home		d. STREET ADDRESS (If rural, give location) 1	
3. NAME OF DECEASED (Type or Print) a. (First) Simon b. (Middle) Valencourt c. (Last) VanOrsdale		4. DATE OF DEATH (Month) (Day) (Year) May 17 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH January 21, 1875
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School teacher		10b. KIND OF BUSINESS OR INDUSTRY Public Schools	11. BIRTHPLACE (State or foreign country) Keokuk, Iowa.
12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Valencourt VanOrsdale		13b. MOTHER'S MAIDEN NAME Adiline Taylor	14. NAME OF HUSBAND OR WIFE Wife Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Keith VanOrsdale ADDRESS Mt. Moriah, Mo.
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) Uremic poisoning ANTECEDENT CAUSES Chronic nephritis 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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 May 4, 1951 , to May 15, 1951 , that I last saw the deceased alive on May 15, 1951 , and that death occurred at 4:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) C. C. Bennett		23b. ADDRESS Princeton, Mo.	23c. DATE SIGNED 5/19/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 20 1951	24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery	24d. LOCATION (City, town, or county) (State) Mt. Moriah, Mo.
DATE REC'D BY LOCAL REG. 6-6-51	REGISTRAR'S SIGNATURE W. J. Rutledge	25. FUNERAL DIRECTOR'S SIGNATURE W. J. Rutledge ADDRESS Gainsville, Mo.	

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



STATEMENT BY LICENSED EMBALMER

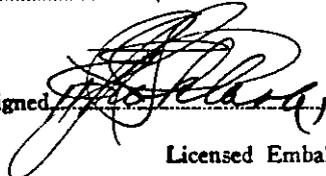
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Eddie J. Stoklasa

Student Embalmer No. _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed 

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.