

No. 300
10. 48

FILED NOV 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38338

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1017

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene | |
| b. CITY (If outside corporate limits, write RURAL and give township) Springfield | | c. CITY (If outside corporate limits, write RURAL and give township) Springfield | |
| c. LENGTH OF STAY (in this place) 12 hours | | d. STREET ADDRESS (If rural, give location) 618 South Jefferson | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital | | | |

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|---|----------------|--------------------|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) EDWIN | b. (Middle) J. | c. (Last) ORR (JR) | 4. DATE OF DEATH (Month) (Day) (Year) November 15 1952 |
|---|----------------|--------------------|---|

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|-------------|------------------------|--|-------------------------------|------------------------------------|-------------------------|---------------------|-----------------------|------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married | 8. DATE OF BIRTH May 20, 1907 | 9. AGE (In years last birthday) 45 | 10. MONTH (Year) Months | 11. DAY (Year) Days | 12. HOUR (Year) Hours | 13. MINUTE (Year) Min. |
|-------------|------------------------|--|-------------------------------|------------------------------------|-------------------------|---------------------|-----------------------|------------------------|

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|--|--|--|-------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary (bookkeeper) | 10b. KIND OF BUSINESS OR INDUSTRY County Clerk | 11. BIRTHPLACE (City and State or Foreign Country) Bolivar, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
|--|--|--|-------------------------------------|

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|--------------------------------|--------------------------------------|-----------------------------|
| 13a. FATHER'S NAME Edwin J Orr | 13b. MOTHER'S MAIDEN NAME Eva Follin | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWII | 16. SOCIAL SECURITY NO. 500-05-2648 | 17. INFORMANT'S SIGNATURE OR NAME Miss Mildred Follin, Collins, Mo. | ADDRESS |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bleeding esophageal varices | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cirrhosis of liver DUE TO (c) Irreversible shock | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| | | |
|--|--|---------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 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 11-14 1952, to 11-15 1952, that I last saw the deceased alive on 11-15 1952, and that death occurred at 9:00A m., from the causes and on the date stated above.

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|---------------------------------------|------------------------------|---------------------------|
| 23. SIGNATURE D. Dean Cunningham M.D. | 23b. ADDRESS 1715 Booneville | 23c. DATE SIGNED 11-17-52 |
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|--|------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Nov 13, 1952 | 24c. NAME OF CEMETERY OR CREMATORY National Cemetery | 24d. LOCATION (City, town, or county) (State) Springfield, Missouri |
|--|------------------------|--|---|

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|-----------------------------------|---------------------------------------|--|------------------------------|
| DATE REC'D BY LOCAL REG. 11-18-52 | REGISTRAR'S SIGNATURE Edw. Williamson | 25. FUNERAL DIRECTOR'S SIGNATURE Alma Schmeyer | ADDRESS Bus Springfield, Mo. |
|-----------------------------------|---------------------------------------|--|------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

396

Cunning

NOV 26 1932

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 Gene B. Hunter

Licensed Embalmer No. 4739

P. O. Address Springfield, 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.