

## STANDARD CERTIFICATE OF DEATH

State File No. **8474**

LED MAR 12 1953

BIRTH NO. _____		REG. DIST. NO. <b>339</b>		PRIMARY REG. DIST. NO. <b>6150</b>		Registrar's No. <b>1</b>	
1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Puxico New Ristow</b>		c. LENGTH OF STAY (in this place) <b>11 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Puxico New Ristow</b>		d. STREET ADDRESS (If rural, give location) <b>Rte. 3</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home - R. 3</b>				d. STREET ADDRESS (If rural, give location) <b>Rte. 3</b>			
3. NAME OF DECEASED (Type or Print) <b>JACOB</b>		a. (First)		b. (Middle)		c. (Last) <b>ORMAN</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 19, 1953</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Feb. 28, 1873</b>		9. AGE (in years last birthday) <b>79</b>		IF UNDER 1 YEAR: Months <b>10</b> Days <b>21</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Owen County, Indiana</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Orman</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Cora Ann Orman</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Cecil Orman, Puxico, Mo. R. 3</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRAL Thrombosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>10 da</b>	
		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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>332x</b>				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) (Min.)		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 <b>Oct 1952</b> to <b>JAN 19 1953</b> , that I last saw the deceased alive on <b>1-11-1953</b> , and that death occurred at <b>12:12 AM</b> from the causes and on the date stated above.							
23a. SIGNATURE <b>V. H. Rieling D.D.</b> (Degree or title)				23b. ADDRESS <b>Puxico Mo.</b>		23c. DATE SIGNED <b>1-24-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 21, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Harper Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Aid, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>2-2-53</b>		REGISTRAR'S SIGNATURE <b>Flora Morgan</b> <b>358</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Landess Funeral Home, Campbell, Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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**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 Christine M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.