

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **20776**

BIRTH NO. **FILED JUL 13 1953** REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **738**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY Buchanan		a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph,	
c. LENGTH OF STAY (If in place)		d. STREET ADDRESS (If rural, give location)	
26 Yrs		1318 No. 20th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1318 No. 20th St.			

3. NAME OF DECEASED (Type or Print)	a. (First) Ethel	b. (Middle) Blossom	c. (Last) Orr	4. DATE OF DEATH (Month) (Day) (Year) July 1, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 18, 1900	9. AGE (In years last birthday) 52	10. UNDER 1 YEAR Months 0 Days 0	11. UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Paris, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Richard Campbell	13b. MOTHER'S MAIDEN NAME JoAnna Jones	14. NAME OF HUSBAND OR WIFE Julius B. Orr
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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) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME City ADDRESS Julius B. Orr 1318 No. 20th
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma	DUPLICATE OF (a) Ca of breast		1 1/2
ANTECEDENT CAUSES	DUPLICATE TO (b) Ca of breast		2 1/2
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUPLICATE 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 checked="" 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) 170X
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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?
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22. I hereby certify that I attended the deceased from Dec 1951, to 7-1, 1953, that I last saw the deceased alive on 7-1, 1953, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <i>Clarence P. ...</i>	22b. ADDRESS <i>St Joseph Mo</i>	22c. DATE SIGNED 7-3-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-3-53	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
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DATE REC'D BY LOCAL REG. July 7, 1953	REGISTRAR'S SIGNATURE <i>Ethel M. Allison</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Norman W. Eidenbuden</i>	ADDRESS St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Robert H. Yapple

Licensed Embalmer No. 3308

P. O. Address St. Joseph, 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.