

FILED OCT 23 1953

STANDARD CERTIFICATE OF DEATH

36294

State File No.

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4809

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7003 Walbond		d. STREET ADDRESS (If rural, give location) 7003 Walbond	

3. NAME OF DECEASED (Type or Print) JOHN	a. (First)	b. (Middle)	c. (Last) ORR	4. DATE OF DEATH (Month) (Day) (Year) Oct 4 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr 7 1876	9. AGE (In years last birthday) 77	10. UNDER 1 YEAR Months Days	11. UNDER 28 HRS. Hours Min.
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11. USUAL OCCUPATION (The kind of work done during most of working life) Farmer - Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Indiana	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Samuel Orr	13b. MOTHER'S MAIDEN NAME Sarah Lockhart	14. NAME OF HUSBAND OR WIFE Celia E. 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. 492-14-3719	17. INFORMANT'S SIGNATURE OR NAME R. C. M. ADDRESS Mrs. Thelma Emerson 7003 Walbond
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerosis		INTERVAL BETWEEN ONSET AND DEATH Few
	ANTECEDENT CAUSES DUE TO (b) Hypertrophy of heart		
	DUE TO (c) Cigarettes		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			1010X

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)
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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?
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22. I hereby certify that I attended the deceased from 12-24, 1952, to Oct 4, 1953, that I last saw the deceased alive on Oct 3, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE B. Atcherson	(Degree or title) M.D.	23b. ADDRESS 3800 Perfect	23c. DATE SIGNED 10-5-53
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24a. FUNERAL CREMATION REMOVAL (Specify) Burial	24b. DATE Oct 6-1953	24c. NAME OF CEMETERY OR CREMATORY Freeman Cemetery	24d. LOCATION (City, town, or county) (State) Freeman Mo.
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DATE REC'D BY LOCAL REG. 10-6-53	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hennenburgs Harrisonville 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

Ernest R. ...

Licensed Embalmer No. *3368*

P. O. Address *Harrisonville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.