

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13672

State File No. _____

FILED APR 26 1956

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5570 Registrar's No. 188

1. PLACE OF DEATH a. COUNTY <u>Jackson (Rural)</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Indep. Rt. 2 Osage</u>		c. CITY OR TOWN <u>Indep. Rt. 2</u>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 4 mi. west Buckner</u>		e. STREET ADDRESS (If rural, give location) <u>4 mi. west of Buckner</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Orin</u> b. (Middle) <u>I</u> c. (Last) <u>Streeter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 21 1956</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Feb 28, 1870</u>		9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Peoria, Illinois</u>	
13a. FATHER'S NAME <u>Robert Henry</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Worthington</u>		14. NAME OF HUSBAND OR WIFE <u>Eva Wade</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robt. H. Streeter, Calif. Mo.</u>	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia (Lobar)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Cerebral hemorrhage</u>			
		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 checked="" 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) <u>331X</u>	
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 4-20, 1956, to 4-21, 1956, that I last saw the deceased alive on 4-21, 1956, and that death occurred at 1:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John L. Weisler D.O.</u>		23b. ADDRESS <u>Buckner, Missouri</u>		23c. DATE SIGNED <u>4-22-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Apr 23-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ma. Washington</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Jackson Mo.</u>					

DATE REC'D BY LOCAL REG. <u>4-23-56</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Buckner, Mo.</u>	
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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.....
Signature of Student Embalmer

Signed *Ralph O Jones*.....

Licensed Embalmer No. *460*.....

P. O. Address *Odessa, N.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.