

FILED JUL 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24335**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 5625 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>LINCOLN</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>HURRICANE (TWN)</u>		c. CITY OR TOWN <u>ELSBERY</u>	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>Family Residence</u>		e. STREET ADDRESS (If rural, give location) <u>LINCOLN COUNTY</u> <u>0570</u>	
3. NAME OF DECEASED (Type or Print) <u>Elmer John</u>	a. (First)	b. (Middle)	c. (Last) <u>ORY</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>12-28-1886</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>TERRA HAUTE INDIANA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Andrew J Ory</u>	13b. MOTHER'S MAIDEN NAME <u>Lucinda Pigg</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs Elmer Ory</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>UNKNOWN</u>	16. SOCIAL SECURITY NO. <u>499-28-2046</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs James H. Wood Vidalia La.</u>	
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>Carcinomatous</u> ANTECEDENT CAUSES Asorbid 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.		INTERVAL BETWEEN ONSET AND 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)	
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 <u>July 31, 1955</u> to <u>July 18, 1956</u> , that I last saw the deceased alive on <u>July 17, 1956</u> , and that death occurred at <u>1:20 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Robert M. Bell</u> (Degree or title)		23b. ADDRESS <u>Elsberry Missouri</u>	23c. DATE SIGNED <u>July 19, 1956</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-20-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ELSBERRY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ELSBERRY, LINCOLN, MO.</u>
DATE REC'D BY LOCAL REG. <u>7/24/1956</u>	REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kinty</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Clifton Miller - Elsberry, Mo.</u>	

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

JUL 26 1956

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 July 18 - 1956, Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.. Clifton Miller

Licensed Embalmer No. 3364

P. O. Address Elberon, N.J.

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.