

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24718

State File No.

FILED-JUL 31 1956

BIRTH NO. _____ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 6018 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>RAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>RAY</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL-FISHING KIVER</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>EXCELSIOR SPRINGS</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 MI. E. EXCELSIOR SPRINGS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		STREET ADDRESS (If rural, give location) <u>2 MI. E. EXCELSIOR SPRINGS</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ORLAN</u>	b. (Middle) <u>JOE</u>	c. (Last) <u>SEVIER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 15, 1956</u>
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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>1-11-1884</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED R.R. CONDUCTOR</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>WABASH R.R.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MILAN, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>JOSEPH SEVIER</u>	13b. MOTHER'S MAIDEN NAME <u>RUAN HARMON</u>	14. NAME OF HUSBAND OR WIFE <u>MARGARET SEVIER</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>MARGARET SEVIER</u> ADDRESS <u>RT. # 2 EX. SPRINGS, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>11 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic carcinoma with involvement of esophagus.</u>		
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	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	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 July, 1945, to July 15, 1956, that I last saw the deceased alive on July 15, 1956 and that death occurred at 8:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Samuel Red McCreary, D.</u>	23b. ADDRESS <u>Excelsior Springs, Mo.</u>	23c. DATE SIGNED <u>7/15/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-18-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC</u>	24d. LOCATION (City, town, or county) (State) <u>EXCELSIOR SPRINGS, MO.</u>
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DATE REC'D BY LOCAL REG. <u>7-24-56</u>	REGISTRAR'S SIGNATURE <u>John J. Larkin</u>	25. FUNERAL HOME, INC. ADDRESS <u>Excelsior Springs, Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JUG 14 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~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ludell Jarman*

Licensed Embalmer No. *458*
P. O. Address *Excelsior Springs, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.