

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27889

STATE FILE NUMBER

FILED AUG 28 1956

Registration District No. 282

Primary Registration District No. 5974

Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <b>Polk</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>KANSAS</b> b. COUNTY <b>Sedrick</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Buffalo</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Wichita 9/15/56</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>9 mile Northwest Syrs.</b> Length of stay in lb		d. STREET ADDRESS (If outside, give location) <b>UNKNOWN</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Minnie Myrtle Van Orden</b> First Middle Last		4. DATE OF DEATH <b>Aug. 22, 1956</b> Month Day Year	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 24, 1879</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, open if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own house</b>	9. AGE (In years last birthday) <b>77</b> 10. UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <b>KANSAS</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>DAN McMillian</b>		14. MOTHER'S MAIDEN NAME <b>MARY</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>NO</b>	
17. INFORMANT <b>C. P. Van Orden</b>		Address <b>Buffalo, Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Broncho-Pneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>16 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Insanity</b>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>491X</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <b>1953</b> to <b>8-22-56</b> and last saw <u>her</u> alive on <b>8-20-56</b> Death occurred at <b>1:15 A. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>W. V. Hammon M.D.</b>		22b. ADDRESS <b>Buffalo Mo</b>	22c. DATE SIGNED <b>8-22-56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>8-22-56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>UNKNOWN</b>	23d. LOCATION (City, town, or county) (State) <b>Wichita, KANSAS</b>
24. FUNERAL DIRECTOR ADDRESS <b>Jones Funl Home Buffalo, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>aug 22, 1956</b>	26. REGISTRAR'S SIGNATURE <b>Ralph Gordon per Jewell Gordon</b>

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me or by ..... Student Embalmer No. ....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Gene C. Hunter*

Licensed Embalmer No. *47*

P. O. Address *Buffalo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I 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.