

THE DIVISION OF HEALTH OF MISSOURI

FILED OCT 22 1956 STANDARD CERTIFICATE OF DEATH

State File No. **36867**

BIRTH NO. _____ REG. DIST. NO. **378** PRIMARY REG. DIST. NO. **4552** Registrar's No. **35**

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Mtn. Grove - Rural Mtn. Grove		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Mountain Grove Missouri	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 719 East State Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) James b. (Middle) Richard c. (Last) Orr			4. DATE OF DEATH (Month) (Day) (Year) October 4, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH February 15, 1905	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Days 19
10a. USUAL OCCUPATION (If his kind of work done during most of working life, even if retired) Farming-Auto agency		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Texas County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Bethel P. Orr		13b. MOTHER'S MAIDEN NAME Mary Jane Wheeler		14. NAME OF HUSBAND OR WIFE Ethel Potts Orr	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War I		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Ethel Orr -- Mountain Grove, Mo	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture		INTERVAL BETWEEN ONSET AND DEATH 1 hour
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Crushed by tractor in accident.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 3		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE Accident with tractor		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Mtn. Grove Township MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct. 4 - 1956 - 7 PM		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Over turning tractor	

22. I hereby certify that I attended the deceased from **Viamed hospital**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **7:00P** m., from the causes and on the date stated above.

23a. SIGNATURE R. B. Ames		23b. ADDRESS Mtn. Grove Mo.		23c. DATE SIGNED 10-4-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/7/1956		24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery	
24d. LOCATION (City, town, or county) (State) Mountain Grove, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rev. Earl Mtn. Grove			
DATE REC'D BY LOCAL REG. 10-9-56		REGISTRAR'S SIGNATURE A. B. Ames			

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED
 Oct 16, 1952
 WRIGHT CO. HEALTH DEPT.
 County File Number 1056-97
 Date Filed Oct 19, 1952

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 George Stapp
 Licensed Embalmer No. 3161

P. O. Address Mtn Grove, 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 this body is not embalmed, fact should be so, stated above.