

FILED DEC 12 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36897

State File No. ....

BIRTH NO. 74823-56 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 376

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>		b. COUNTY <u>Scotland</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u>		c. LENGTH OF STAY (In this place) <u>18 hrs</u>		c. CITY OR TOWN <u>Memphis</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR KIRKVILLE OSTEOPATHIC INSTITUTION <u>Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>123 N. Knott</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cynthia Rae</u>		b. (Middle) <u>Orton</u>		c. (Last) <u>Orton</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>12 5 56</u>		5. SEX <u>Fe.</u>		6. COLOR OR RACE <u>W.</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>12-4-56</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 10 HRS. Hours Min. <u>19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>Donald Eugene Orton</u>		13b. MOTHER'S MAIDEN NAME <u>Vada Pearl Tripp</u>	
14. NAME OF HUSBAND OR WIFE <u>none</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 <u>Vada J. Orton</u>		ADDRESS <u>Memphis,</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Failure</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atelectasis</u> DUE TO (c) <u>Premature birth</u>		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>7625</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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>12-4</u> , 19 <u>56</u> , to <u>12-5</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>12-4-56</u> , 19 <u>56</u> , and that death occurred at <u>6:30 am.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Name or title) <u>W. C. Reynolds DCO</u>		23b. ADDRESS <u>KOH Kirkville, Mo.</u>		23c. DATE SIGNED <u>12-5-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 6 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memphis Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Memphis Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Guthrie Baskett</u>		ADDRESS <u>Memphis Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-6-56</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Guthrie Baskett</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

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..... *Albert C. Gertz*

Licensed Embalmer No. *425*

P. O. Address *Memph*

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.