

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37276**

FILED DEC 3 1956

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <u>Stirardean</u> <u>Cape County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Ill</u> b. COUNTY <u>Alexander</u>	
b. CITY OR TOWN <u>Cape Girardeau</u>		c. CITY OR TOWN <u>Olive Branch</u>	
c. LENGTH OF STAY (In this place) <u>2 days</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>St Francis Hospit</u>			
e. STREET ADDRESS (If rural, give location) <u>Rural Rd Dist # 2 #128</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>BILL</u>	b. (Middle) <u>GENE</u>	c. (Last) <u>ORICK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 19 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>Sept 10 - 1932</u>	9. AGE (In years last birthday) <u>24</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
				Months	Days	Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>waiter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Tavern</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Gale, Ill</u>	12. CITIZENRY OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Monrow Orick</u>	13b. MOTHER'S MAIDEN NAME <u>Rose Kelly</u>	14. NAME OF HUSBAND OR WIFE <u>wife deceased (Doralena)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>yes WW#2</u>	16. SOCIAL SECURITY NO. <u>355-22-9300</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Joe Hunsaker</u> ADDRESS <u>Gale, Ill</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>Cerebral Edema</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Head Injury</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Auto Accident</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Shock</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Marked scalp laceration</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) <u>SLIPEE HOMEGLIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>#12</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? <u>Auto Accident</u>

22. I hereby certify that I attended the deceased from 18 Nov 1956, to 19 Nov 1956, that I last saw the deceased alive on 19 Nov 1956, and that death occurred at 11:55p m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Cape Girardeau, Mo.</u>	23c. DATE SIGNED <u>24 Nov 56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 22 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Villa Ridge Ill</u>
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DATE REC'D BY LOCAL REG. <u>11-26-56</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank A Karcher</u> ADDRESS <u>Cairo, Ill</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 28 1957

JUN 24 1957

DEC 28 1957

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 *Frank A. Karcher*

Licensed Embalmer No *210*

P. O. Address *Paris, Ill.*

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.