Health, Welfare Public Service

800 -56

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 7 - 1956

STATE FILE NUMBER 37417

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 352

1. PLACE OF DEATH a. COUNTY Cole	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN Jefferson City, 0264 — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1113 E. Dunklin — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 1113 E. Dunklin — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Middle Last: Charles Elmer Orcutt		4. DATE OF DEATH Month Day Year: Nov. 30, 1956	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: April 18, 1882
9. AGE (In years last birthday): 74	IF UNDER 1 YEAR Months 7 Days 12	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Meat Cutter	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Near Warsaw, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James M. Orcutt		14. MOTHER'S MAIDEN NAME: ~~Phebe~~ Phoebe A. French	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No	16. SOCIAL SECURITY NO.: NONE	17. INFORMANT: Jessie L. Orcutt — Address: Jefferson City, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Senility — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio-Sclerosis — ?

DUE TO (c) 450.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 13 Nov 56, to 30 Nov 56 and last saw ~~her~~ him alive on 30 Nov 56. Death occurred at 1 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): A. P. Stephan, M.D.	22b. ADDRESS: Jefferson City, Mo.	22c. DATE SIGNED: 4 Dec 56
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Dec. 20, 1956	23c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery
23d. LOCATION (City, town, or county) (State): Jefferson City, Mo.		
24. FUNERAL DIRECTOR: Victor Buescher — ADDRESS: J C Mo	25. DATE RECD. BY LOCAL REG.: 5 Dec 1956	26. REGISTRAR'S SIGNATURE: R. P. Dorris M.D. M.R.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

8-0

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. Victor Buescher

Licensed Embalmer No. 37

P. O. Address J. C. M

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