

FILED SEP 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32082

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4154

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <i>Kansas City</i>		c. LENGTH OF STAY in this place <i>9 1/2</i>	c. CITY OR TOWN <i>Kansas City</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>3840 E. 68th St.</i>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS <i>3840 E. 68th St.</i>		(If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Dorsey</i> b. (Middle) <i>Bunn</i> c. (Last) <i>Orr</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>9-2-57</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>9-8-1906</i>	9. AGE (In years last birthday) <i>50</i>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <i>Totel Clerk</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>K.C. Mo. P.O.</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>St. Louis Mo.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13a. FATHER'S NAME <i>John C. Orr</i>		13b. MOTHER'S MAIDEN NAME <i>Wattie Bunn</i>	
14. NAME OF HUSBAND OR WIFE <i>Alice Y. Orr.</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>Yes</i>		16. SOCIAL SECURITY (If use, give number) <i>W.V. II 48-163870</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Alice Y. Orr</i>		ADDRESS <i>Same</i>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Thrombosis</i>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) <i>Arteriosclerotic Heart Disease</i>		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		<i>4200</i>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>D. C. Kealhofer Deputy Coroner</i>		23b. ADDRESS <i>6627 Pleasantview</i>		23c. DATE SIGNED <i>9-3-57</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>9-5-57</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Forest Hill</i>	
24d. LOCATION (City, town, or county) (State) <i>Kansas City Mo.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Neilerts</i>		ADDRESS <i>6900 Troost, K.C. Mo.</i>	
DATE REC'D BY LOCAL REG. <i>9-5-57</i>		REGISTRAR'S SIGNATURE <i>Neva Marshall</i>			

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD
Geo. C. Kealhofer

SEP 24 1957

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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 embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *B. E. Willett*

Licensed Embalmer No. *40*

P. O. Address *X.C.*

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.