

FILED DEC 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43856
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 399

V. S. 300
ev. 1-57

Smoker, Ed.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed unless they are specific in nature. Reported by 1953-140 MORS 1747.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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		c. CITY (If outside, give location) OR TOWN Jefferson City <i>02640</i>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		Length of stay in lb 15 years	
d. STREET ADDRESS 811 Bald Hill Road		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last EDWARD HERMAN ORDELHEIDE			4. DATE OF DEATH Month Day Year Dec 20th '57
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 10th 1872
9. AGE (In years over birthday) 85	IF UNDER 1 YEAR Months 1 Days 10	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Lumber & Gen Merch	
11. BIRTHPLACE (City and state or country) Wright City, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Frederick Ordelheide		13b. MOTHER'S MAIDEN NAME Alvina Bockhorst	
14. NAME OF HUSBAND OR WIFE Leonora Ordelheide			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs Leonora Ordelheide		Address Jefferson City Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage. (11) Antero 3 clavus			INTERVAL BETWEEN ONSET AND DEATH Days Years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		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 12/19/57 to 12/20/57 and last saw him alive on 12/19/57 . Death occurred at 6:00 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE David Baker (Degree or title) MA		22b. ADDRESS Jefferson City Mo	
22c. DATE SIGNED 12/20/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/22/57	
23c. NAME OF CEMETERY OR CREMATORY Wright City Cemetery		23d. LOCATION (City, town, or county) (State) Wright City, Missouri	
24. FUNERAL DIRECTOR Tanner Service, Jefferson City, Mo.		25. DATE RECD. BY LOCAL REG. 21 Dec 1957	
26. REGISTRAR'S SIGNATURE R. F. Harris, MA, DR			

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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 *Donald P. Freeman*
Donald P. Freeman

Licensed Embalmer No. 4623

P. O. Address Jefferson City,
Missouri

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.