

FILED MAR 31 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011198
STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Charles</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Portage des Sioux</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph</u>		Length of stay in lb <u>9 days</u>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Henry</u> Middle <u>L.</u> Last <u>Orf</u>			4. DATE OF DEATH Month <u>March</u> Day <u>26</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 28, 1904</u>		9. AGE (In years last birthday) <u>53</u> Months <u>8</u> Days <u>28</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Steel Finisher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>A.C.F. Indust.</u>	11. BIRTHPLACE (City and state or country) <u>Portage des Sioux, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Godfrey Orf</u>		13b. MOTHER'S MAIDEN NAME <u>Sophia Schaeffer</u>		14. NAME OF HUSBAND OR WIFE <u>Gertrude Bextermueller</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>497-09-4020</u>	17. INFORMANT <u>Mrs. Gertrude Orf, Portage Des Sioux Mo</u> Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial and aortic stenosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Rheumatic heart disease</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>410X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>30 years +</u> <u>30 years +</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 _____ a.m. _____ p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 <u>Aug 18, 1954</u> to <u>March 26, 1958</u> and last saw him alive on <u>March 26, 1958</u> Death occurred at <u>12:15 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Eugene J. Condy M.D.</u> (Degree or title)		22b. ADDRESS <u>Dr. Charles Du</u>	
22c. DATE SIGNED <u>March 27, 1958</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Mar. 29, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Portage des Sioux, Mo.</u>		
24. FUNERAL DIRECTOR <u>H.C. Dallmeyer & Sons, St. Charles, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>MAR. 28</u>	26. REGISTRAR'S SIGNATURE <u>Margaret Wilson</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

US APR 2 1959

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 R. Qualson*

Licensed Embalmer No. *483*
P. O. Address *St. Charles*

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.