

FILED AUG 1 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027307

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7120

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>St. Louis</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		a. STATE <b>Missouri</b> COUNTY <b>Pulaski</b>		c. CITY OR TOWN <b>Waynesville</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>39 Cardinal Glennon</b>		Length of stay in 1b		d. STREET ADDRESS <b>31</b>		(If outside, give location) <b>850</b>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		Month Day Year	
First <b>Sharon</b>		Middle <b>Lee</b>		Last <b>Orcutt</b>		<b>July 13 1958</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>7/12/52</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Waynesville, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13. FATHER'S NAME <b>Harlon B. Orcutt</b>				14. MOTHER'S MAIDEN NAME <b>Hoffman</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Harlan B. Orcutt</b> Address <b>Waynesville, Mo</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia</b>							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							Congenital
DUE TO (b) <b>Atelectasis</b>							
DUE TO (c) <b>Fibrocystic Disease of Pancreas</b>							587.3
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
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 <b>June 30 1958</b> to <b>13 July 1958</b> and last saw her/him alive on <b>13 July 58</b> Death occurred at <b>8:00 PM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>P.G. Davis M.D.</b>				22b. ADDRESS <b>35N. Central</b>		22c. DATE SIGNED <b>15 July 58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>July 15-1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Old Gospel Ridge Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Waynesville (Rural) Missouri</b>	
24. FUNERAL DIRECTOR <b>Hedges Funeral Homes Inc Waynesville Mo</b>				25. DATE RECD. BY LOCAL REG. <b>JUL 18 '58</b>		26. REGISTRAR'S SIGNATURE <b>Frank Smith M.D.</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

S. 300  
7. 1-56

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 *Clarence Moss*.....

Licensed Embalmer No. *489*.....

P. O. Address *Waynesville*.....

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