

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032135
STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 297

S. 300
1-57

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Cole | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Colorado b. COUNTY Prowers | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Wiley |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Still Osteopathic | | Length of stay in 1b one days | d. STREET ADDRESS General Delivery |
| | | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| | | | | | |
|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First ROSIE Middle JANE Last ORR | | | 4. DATE OF DEATH Month Oct Day 9th Year 1958 | | |
|---|--|--|--|--|--|

| | | | | | | |
|-------------------------|----------------------------------|---|--|--|--|---|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Nov 27th 1888 | 9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months 8 Days 8 | IF UNDER 24 HRS. Hours 8 Min. |
|-------------------------|----------------------------------|---|--|--|--|---|

| | | | |
|---|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and state or country) Vienna, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
|---|--|---|--|

| | | |
|---|--|---|
| 13a. FATHER'S NAME James David Moss | 13b. MOTHER'S MAIDEN NAME Rachel Stevens | 14. NAME OF HUSBAND OR WIFE Arnold A. Orr, Deceased |
|---|--|---|

| | | | |
|---|--|--|---------|
| 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 James Orr, Wichita, Kansas | 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) Circulatory Collapse | | INTERVAL BETWEEN ONSET AND DEATH 2 1/2 |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Infarction | | |
| DUE TO (c) 4201 | | |
| 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 <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. Month, Day, Year p.m. | 20d. INJURY OCCURRED WHILE AT <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 Jefferson City | COUNTY MO | STATE |
|--|---|--|---|---------------------|-------|

| | |
|---|--|
| 21. I attended the deceased from Oct 8 - 58 to Oct 9 - 58 and last saw her ^{her} _{him} alive on Oct 9 - 58 Death occurred at 3:30 A.M. Oct 9 - 58 m on the date stated above; and to the best of my knowledge, from the causes stated. | |
|---|--|

| | | | |
|---------------------------------------|----------------------------|--|---------------------------------------|
| 21a. SIGNATURE R. P. Harris | (Degree or title) 2 | 21b. ADDRESS Jefferson City MO | 21c. DATE SIGNED Oct 9 - 58 |
|---------------------------------------|----------------------------|--|---------------------------------------|

| | | | | |
|--|------------------------------|--|---|---------|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 10/12/58 | 23c. NAME OF CEMETERY OR CREMATORY Fairmont Cemetery | 23d. LOCATION (City, town, or county) Lamar, Colorado | (State) |
|--|------------------------------|--|---|---------|

| | | | |
|--|---------|---|--|
| 24. FUNERAL DIRECTOR Tanner Service, Jefferson City, Mo. | ADDRESS | 25. DATE RECD. BY LOCAL REG. 9th October 1958 | 26. REGISTRAR'S SIGNATURE R. P. Harris, Md. M.R. |
|--|---------|---|--|

All diseases in Part I must be causally related.
 Vector, coroner, who must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

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 *Jan*

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.