Health, & Welfare Public Service

300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-040807

STATE FILE NUMBER

FILED DEC 10 1958 Registration District No. 226 Primary Registration District No. 5799 Registrar's No. 58

1. PLACE OF DEATH
a. COUNTY: Monroe
b. CITY OR TOWN: Marion Union TWP — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 3Mi. N.W. Madison — Length of stay in Ib: 5 Months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Monroe
c. CITY OR TOWN: Madison 6690 — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 3 Mi. N.W. Madison — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: ELVA Middle: TODD Last: ORR

4. DATE OF DEATH Month: Dec. Day: 3 Year: 1958

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Sept. 2, 1885

9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Grain Livestock

11. BIRTHPLACE (City and state or country): Madison, Mo. 0

12. CITIZEN OF WHAT COUNTRY? U. S. A

13a. FATHER'S NAME: William Orr

13b. MOTHER'S MAIDEN NAME: Malinda Alexander

14. NAME OF HUSBAND OR WIFE: Mrs Elva Orr

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs Elva Orr Address: Madison, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Inanition and Debilitation — INTERVAL BETWEEN ONSET AND DEATH: unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Feeding Problem (Dysphagia) — unknown

DUE TO (c) Atonic Cerebral Diplegia caused by Cerebral Agenesis — unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 334X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 November 28, to December 3 and last saw him alive on December 2, 1958. Death occurred at 8:00 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Benj. D. Jolly M.D. (Degree or title)

22b. ADDRESS 203½ North Clark, Moberly, Mo.

22c. DATE SIGNED 12-5-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Dec. 5, 1958

23c. NAME OF CEMETERY OR CREMATORY: Sunset Hill

23d. LOCATION (City, town, or county) (State): Madison, Mo.

24. FUNERAL DIRECTOR: Joseph R. Mackler ADDRESS: Madison, Mo.

25. DATE RECD. BY LOCAL REG.: 12-6-58

26. REGISTRAR'S SIGNATURE: Elsie Robertson

(Licensed Embalmer's Statement on Reverse Side)

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 Joseph R. Mackle

Licensed Embalmer No. 4571

P. O. Address Madison

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.