

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000900

STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. \_\_\_\_\_ Registrar's No. 12

80  
300  
-57

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jackson</u>		c. CITY OR TOWN <u>King City, Missouri</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <u>Orrin</u> Middle <u>Frank</u> Last <u>Aborn</u>		4. DATE OF DEATH Month <u>1</u> Day <u>31</u> Year <u>59</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>May 2, 1925</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trucker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self employed</u>	11. BIRTHPLACE (City and state or country) <u>Union Star, Mo.</u>
10c. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Orrin Aborn</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Angle</u>	14. NAME OF HUSBAND OR WIFE <u>Norma Aborn</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>var 2</u>		16. SOCIAL SECURITY NO. <u>491-22-9621</u>	17. INFORMANT <u>Norma Aborn</u> Address <u>King City, Mo.</u>
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>Carbon monoxide poisoning from exhaust fumes of automobile</u> DUE TO (b) _____ DUE TO (c) _____ 8918 46			INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>
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 checked="" 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.) <u>Exhaust fumes from parked car motor running</u>	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		<u>2:00 a.m. Feb 3 1959</u>	
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, etc.) <u>Abandoned car parked on street</u>	
20f. CITY, TOWN, OR LOCATION <u>King City, Gentry</u>		STATE <u>MO</u>	
21. I attended the deceased from death occurred at <u>3:00 a.m.</u> viewed <u>by a physician</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Lester A. Barnes, D.O.</u>		22b. ADDRESS <u>King City, Mo.</u>	
22c. DATE SIGNED <u>2-3-59</u>			
23a. BURIAL (CREMATION, REMOVAL) (Specify) <u>Burial</u>		23b. DATE <u>Feb. 3, 59</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>King City</u>		23d. LOCATION (City, town, or county) (State) <u>King City, Missouri</u>	
24. FUNERAL DIRECTOR <u>Richard S. Clark</u>		25. DATE RECD. BY LOCAL REG. <u>2-3-59</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. L.W. Bare</u>			

Dr. Zack A. Barnes  
MEDICAL CERTIFICATION  
Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

358 48 700

JUL 10 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 *Roland H Clark*

Licensed Embalmer No. *4477*

P. O. Address *King City, Mo*

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.