

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 16 1959

'59 0 4 3 6 7 8

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 214

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Clay				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN North Kansas City		Length of stay in 1b 1 day		c. CITY OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION N. Kansas City Memorial Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 7000 E. NEW 40-Highway		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Harry Middle E. Last Orendorff				4. DATE OF DEATH Month Dec. Day 4 Year 1959									
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Sept. 16 1898		9. AGE (last birthday) 61		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>		IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steam fitter			10b. KIND OF BUSINESS OR INDUSTRY Local 533		11. BIRTHPLACE (City and state or country) Green Ridge, Mo			12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Geo. R. Orendorff				13b. MOTHER'S MAIDEN NAME Louella Shuback				14. NAME OF HUSBAND OR WIFE Agnes C. Orendorff					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. # 1.				16. SOCIAL SECURITY NO. 486-05-2526		17. INFORMANT Address Mrs. Agnes C. Orendorff (Wife) KC Mo							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Thrombosis										INTERVAL BETWEEN ONSET AND DEATH less than 24h			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) generalized arteriosclerosis										5yr +			
DUE TO (c) _____													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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. _____ p.m.		Month, Day, Year _____											
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</u> to <u>1959</u> and last saw him alive on <u>12-4-59</u> Death occurred at <u>7:00</u> A.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Samuel H. Mullins M.D.						22b. ADDRESS 1806 Sunset St. Wk 416				22c. DATE SIGNED 12-4-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Dec. 4, 1950		23c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery			23d. LOCATION (City, town, or county) Kansas City, Kansas						
24. FUNERAL DIRECTOR Simmons Funeral Home KCK				25. DATE RECD. BY LOCAL REG. 12-6-59		26. REGISTRAR'S SIGNATURE Marguerite Hudgens							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

X
X

REC-11855 SN

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 Donnan K. James

Licensed Embalmer No. 4828

P. O. Address K. C. K.

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.