

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026083

FILED 15 AUG 8 1960

Registration District No. 44 Primary Registration District No. 4062 Registrar's No. 37

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Caldwell</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cowgill</u>		Length of stay in 1b		c. CITY OR TOWN <u>Cowgill</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Perry</u> Middle <u>Lawrence</u> Last <u>Orr</u>				4. DATE OF DEATH Month <u>7</u> Day <u>27</u> Year <u>1960</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>2-16-1898</u>	9. AGE (last birthday) <u>62</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Custodian</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Public School</u>		11. BIRTHPLACE (City and state or country) <u>Hamilton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Orr</u>			13b. MOTHER'S MAIDEN NAME <u>Minnie Blakley</u>			14. NAME OF HUSBAND OR WIFE <u>Leona Orr</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>487-07-9613</u>		17. INFORMANT Address <u>Mrs. Leona Orr, Cowgill, Missouri</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>CORONARY OCCLUSION</u>							INTERVAL BETWEEN ONSET AND DEATH <u>APPROX. 1 MIN</u>	
Conditions, if any, which gave rise to above cause (s), stating the underlying cause last.		DUE TO (b) <u>CORONARY THROMBOSIS</u>					<u>1 hour.</u>	
		DUE TO (c) <u>ARTERIAL SCLEROSIS</u>					<u>unknown.</u>	
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 _____ Month, Day, Year _____ 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 <u>July 27/60</u> to <u>July 27/60</u> and last saw him alive on <u>July 27/60</u> Death occurred at <u>2:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>J. W. Wiser, D.D.</u>				22b. ADDRESS <u>Braeyner, Mo.</u>			22c. DATE SIGNED <u>7/30/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>7-30-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cowgill Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Cowgill, Missouri</u>			
24. FUNERAL DIRECTOR <u>Cramer Clark, Kingston, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>July 30, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Leona Orr</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS FEB 24 1967

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~XXXXXX~~ _____ ~~XXXXXX~~

~~XXXXXX~~ Working under my personal supervision ~~XXXXXX~~

Student _____
Signature of Student Embalmer

Signed Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kuiget

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.