

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-017182

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

VIEW NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 133 Primary Registration District No. _____ Registrar's No. 70 STATE FILE NUMBER

FILED MAY 29 1961

1. PLACE OF DEATH a. COUNTY HARRISON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY HARRISON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN GILMAN CITY		c. CITY OR TOWN GILMAN CITY	
Length of stay in lb 80 YR		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT HOME		d. STREET ADDRESS (If outside, give location) NONE	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First JAMES Middle FRANCIS Last ORAM			4. DATE OF DEATH Month 5 Day 25 Year 1961		
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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 11 - 22 - 80	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months 6 Days 3		IF UNDER 24 HR Hours 3 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY ****		11. BIRTHPLACE (City and state or country) HARRISON COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY U.S.	
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13a. FATHER'S NAME EDWARD ORAM		13b. MOTHER'S MAIDEN NAME LUCRETIA WARD		14. NAME OF HUSBAND OR WIFE ALICE ORAM			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address ALICE ORAM, GILMAN CITY, MISSOURI			
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio Vascular - Renal Disease 1 year		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b)			
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		
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)			
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____					
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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 May 27th 1961	COUNTY	STATE
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21. I attended the deceased from March 1st 1960 to March 27th 1961 and last saw her/him alive on May 24th 1961	
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE Oliver F. Duffly M.D.	22b. ADDRESS TRENTON, MISSOURI	22c. DATE SIGNED 5-26-61
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23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5 - 28 - 61	23c. NAME OF CEMETERY OR CREMATORY MASONIC CEMETERY	23d. LOCATION (City, town, or county) (State) GILMAN CITY, MO.
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24. FUNERAL DIRECTOR ADDRESS M. Haas Bethany Mo.	25. DATE RECD. BY LOCAL REG. 5-27-1961	26. REGISTRAR'S SIGNATURE Zella Maxey
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(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 _____

M. B. Lane

Licensed Embalmer No. 3899

P. O. Address Bethany 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.