

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010708

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 47 Primary Registration District No. 5167 Registrar's No. 100

FILED APR 2 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Callaway</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural Liberty Twp</b>		Length of stay in 1b <b>unk</b>	c. CITY OR TOWN <b>Auxvasse</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home 6M1 N.W. Auxvasse</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>R.F.D. #</b>	
3. NAME OF DECEASED (Type or print) First <b>Dorothy</b> Middle <b>Nell</b> Last <b>Orcutt</b>			4. DATE OF DEATH Month <b>March</b> Day <b>23</b> Year <b>1963</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/10/1922</b>	9. AGE (last birthday) <b>40</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>unk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>unk</b>	11. BIRTHPLACE (City and state or country) <b>Virginia</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>	
13a. FATHER'S NAME <b>David Leonard</b>		13b. MOTHER'S MAIDEN NAME <b>Gracie Atwell</b>		14. NAME OF HUSBAND OR WIFE <b>Noah William Orcutt</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>2</b>	17. INFORMANT Address <b>Noah Wm. Orcutt, Auxvasse, Mo R#</b>		
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Death caused by gunshot wound in right temple, Self inflicted</b>					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) <b>Verdict of the Jury, deceased came to her death by suicide</b>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Same as above #18</b>	
20c. TIME OF INJURY <b>Approx 5:30 p.m.</b>		Hour Month, Day, Year <b>3/23/63</b>			
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 bldg., etc.) <b>Home</b>	20f. CITY, TOWN, OR LOCATION <b>Rural Auxvasse, Liberty Twp</b>		STATE <b>MO</b>	
21. I attended the deceased from <b>Approx 5:30 P.M.</b> to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Daniel C. Browning, coroner</b>			22b. ADDRESS <b>Fulton, Mo.</b>		22c. DATE SIGNED <b>3/24/63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Mar. 27, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>East Lawn Memorial Park</b>		23d. LOCATION (City, town, or county) <b>Mexico Mo</b>	
24. FUNERAL DIRECTOR <b>Browning's Funeral Home</b>		ADDRESS <b>Fulton, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>March 24-1963</b>	26. REGISTRAR'S SIGNATURE <b>Maritta Lawrence</b>	

(Licensed Embalmer's Statement on Reverse Side)

APR 3 1963

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STATEMENT BY LICENSED EMBALMER

2-09

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 Donald C. Browning

Licensed Embalmer No. 2724

P. O. Address Fullon, 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.