

FILED JUN 24 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

124

68 0024916

CERTIFICATE OF DEATH

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3382

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. <u>Clarence Bernard Orme</u>		<u>Male</u>	3. <u>June 12, 1968</u>
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS) MOS. DAYS	UNDER 1 YEAR HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)
4. <u>Negro</u>	3. <u>69</u>	5. <u>April 3, 1899</u>	6. <u>Jackson</u>
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7. <u>Kansas City</u>		7. <u>(D.O.A.) General Hospital</u>	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY	
8. <u>Missouri</u>		9. <u>U.S.A.</u>	
SOCIAL SECURITY NUMBER		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
10. <u>510-05-4332A</u>		11. <u>Married</u>	
USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
12. <u>Retired</u>		13. <u>Gillia Bannister Orme</u>	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
14a. <u>Missouri</u>	14b. <u>Jackson</u>	14c. <u>Kansas City</u>	14d. <u>5814 East 35th Terr.</u>
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
15. <u>Lafette Orme</u>		16. <u>Mary Walker</u>	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
17. <u>Gillia Bannister Orme</u>		17b. <u>5814 East 35th Terr. Kansas City, Mo.</u>	
PART I DEATH WAS CAUSED BY:		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))	
18. IMMEDIATE CAUSE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(a) <u>Undetermined, apparently natural</u>		<u>DOA</u>	
(b) <u>CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE (a-1)</u>			
(c) <u>Old atherosclerotic artery insufficiency</u>			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		ALTOPTSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
<u>Old atherosclerotic artery insufficiency</u>		19. <u>NO</u>	19b. <u>NO</u>
ACCIDENT, SUICIDE, HOMICIDE, OR UNCERTAIN (SPECIFY)	DATE OF INJURY MONTH, DAY, YEAR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20. <u>NO</u>	20b. <u>NO</u>	20c. <u>NO</u>	
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
21. <u>NO</u>	21b. <u>NO</u>	21c. <u>NO</u>	
CERTIFICATION—PHYSICIAN:	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR	I DID/DID NOT VIEW THE BODY AFTER DEATH.
22. <u>NO</u>	22b. <u>NO</u>	22c. <u>NO</u>	22d. <u>NO</u>
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH	THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR
23. <u>NO</u>		23b. <u>NO</u>	23c. <u>NO</u>
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE	DATE SIGNED (MONTH, DAY, YEAR)
24. <u>ANDREW McLANE</u>		24b. <u>Andrew McLANE, M.D.</u>	24c. <u>6-14-68</u>
MAILING ADDRESS—CERTIFIER		CITY OR TOWN	STATE
25. <u>415 E. 12th, Kansas City, Mo 64106</u>		25b. <u>Kansas City</u>	25c. <u>Mo</u>
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN STATE
26. <u>Burial</u>	26b. <u>Westlawn</u>	26c. <u>Kansas City, Kansas</u>	26d. <u>Kansas</u>
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
27. <u>June 17, 1968</u>	27b. <u>Watkins Brothers Kansas City, Missouri</u>		
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	
28. <u>Harren R. Watkins</u>	28b. <u>John A. Davis</u>	28c. <u>6-14-68</u>	

VS 300
Rev. 1/68

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.DO NOT WRITE
ON THIS STUB

9. 2

10a. 69

10b.

11. 0

12. 1

13. 4379

14.

15. 4

16.

17.

18. 3

19. CREDITS

20.

6. 3598

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 Nicholas S. Green

Licensed Embalmer No. #4721

P. O. Address 4000 Brush Creek

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.