

FILED JAN 31 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42393

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4110 Registrar's No. 87

21  
2  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Salisbury</u>	c. LENGTH OF STAY (in this place) (Specify) <u>8 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Salisbury</u> <u>21</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>North Broadway</u>		d. STREET ADDRESS (If rural, give location) <u>9</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Julia Edith</u> b. (Middle) _____ c. (Last) <u>Orr</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-29-1948</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>	8. DATE OF BIRTH <u>Sept 30 - 1890</u>
9. AGE (In years last birthday) <u>58</u>		10. UNDER 1 YEAR (Months) (Days) <u>2</u> <u>29</u>	11. UNDER 24 HRS. (Hours) (Mins.) _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Rural Keptesville Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John C. Scotten</u>	
13b. MOTHER'S MAIDEN NAME <u>Julia Warturst</u>		14. NAME OF HUSBAND OR WIFE <u>Vance C. Orr</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>245-24-1517</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Raymond A. Scotten</u>		ADDRESS <u>Salisbury</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic myocarditis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary sclerosis</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>93P</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>May 24, 1948</u> , to <u>Dec 29, 1948</u> , that I last saw the deceased alive on <u>Dec 5, 1948</u> , and that death occurred at <u>3 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. L. Adams, M.D.</u>		23b. ADDRESS <u>Salisbury, Mo</u>	
23c. DATE SIGNED <u>1-8-49</u>			
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-31-1948</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Asbury Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rural Salisbury</u>	
DATE REC'D BY LOCAL REG. <u>1-8-49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Salisbury, Mo.</u>	

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

1-28-49

**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.

Signed \_\_\_\_\_

*Charles B. Windelmeyer*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 38428

P. O. Address \_\_\_\_\_

*Salisbury, 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 this body is not embalmed, fact should be so stated above.