

FILED JUN 20 1949

STANDARD CERTIFICATE OF DEATH

State File No. 22308
Registrar's No. 22

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6168

04
00
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Stone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stone 104	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elsey Lincoln Sup.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elsey Mo.	
c. LENGTH OF STAY (In this place) 10 yrs		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) L. c. (Last) Orton			4. DATE OF DEATH (Month) (Day) (Year) May 25 1949		
5. SEX m		6. COLOR OR RACE wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	
8. DATE OF BIRTH Oct-26-1876		9. AGE (In years last birthday) 72		10. UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Haffersville Ky.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Noah Orton		13b. MOTHER'S MAIDEN NAME ?	
14. NAME OF HUSBAND OR WIFE Amah Orton		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. ✓	
17. INFORMANT'S SIGNATURE OR NAME Amah Orton		ADDRESS Elsey Mo			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial		INTERVAL BETWEEN ONSET AND DEATH 1 year	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis.		7 yrs.	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4 2 2 1	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) m.		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 _____, 1938, to May _____, 1949, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30 a.m., from the causes and on the date stated above.					
23a. SIGNATURE A. C. Lopez M.D.		(Degree or title)		23b. ADDRESS Marionville, Mo.	
23c. DATE SIGNED 5-31-49					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 27-1949		24c. NAME OF CEMETERY OR CREMATORY Mars Hill	
				24d. LOCATION (City, town, or county) (State) Barry Co. Missouri	
DATE REC'D BY LOCAL REG. May 31-49		REGISTRAR'S SIGNATURE Lena Murray		317	
		25. FUNERAL DIRECTOR'S SIGNATURE Everett J. Cheatham		ADDRESS Helena Md	

RECEIVED

District Health Officer No. 6,

District File Number 649-689

Date Filed 6-15-49

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.

Student
Student Embalmer

Signed Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Galena 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.