

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED JUL 28 1949

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

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 258

| | | | |
|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>St. Francois</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Farmington</u> TOWN <u>RURAL</u> <u>2</u> <u>St. Francois</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Peach Orchard</u> | |
| c. LENGTH OF STAY (In this place) <u>1</u> <u>Yr.</u> <u>2</u> <u>mos.</u> | | d. STREET ADDRESS (If rural, give location) <u>Unknown</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>L.</u> c. (Last) <u>ORT</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July</u> <u>1</u> , <u>1949</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>?</u> | 8. DATE OF BIRTH <u>Sept. 10, 1879</u> |
| 9. AGE (In years last birthday) <u>69</u> | IF UNDER 1 YEAR Months <u>9</u> Days <u>21</u> | IF UNDER 4 HRS. Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>?</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>George Ort</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Margie Moore</u> | | 14. NAME OF HUSBAND OR WIFE <u>Winnie Ashlock</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u> | | 16. SOCIAL SECURITY NO. <u>498-24-0485</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hospital No. 4, Farmington, Mo.</u> |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) <u></u> | |
| 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 <u>May 3</u> , 19 <u>48</u> , to <u>July 1</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>July 1</u> , 19 <u>49</u> and that death occurred at <u>5:20A</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>[Signature]</u> | | 23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u> | 23c. DATE SIGNED <u>7-1-49</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>July 2, 1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>New Hope</u> | 24d. LOCATION (City, town, or county) (State) <u>Pollard, Arkansas</u> |
| DATE REC'D BY LOCAL REG. <u>July 19, 1949</u> | REGISTRAR'S SIGNATURE <u>Ether Rudloff</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd Russell, Piggott, Arkansas</u> | |

RECEIVED 7-25-49

District Health Officer No. 4

District File Number 249-989

Date Filed

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed [Signature]

Licensed Embalmer No. 509 Ark.

P. O. Address Piggott, Ark.

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.