

FILED AUG 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26678

BIRTH NO. REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) a. STATE Kansas b. COUNTY Gove	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gove	
c. LENGTH OF STAY (in this place) 2 hrs;		8157	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Wetzel Hospital		d. STREET ADDRESS (If rural, give location) 8	
3. NAME OF DECEASED a. (First) John		b. (Middle) M.	
c. (Last) Orander		4. DATE OF DEATH (Month) (Day) (Year) 8/19/50	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 5/6/1868
9. AGE (In years) 82	10. IF UNDER 1 YEAR Months 3 Days 13	11. IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Laborer	
11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Alma Hess Lowry City Mo.		ADDRESS 	
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) Circulatory collapse ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Skull fracture DUE TO (c) Severe body injuries. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		093	
21a. ACCIDENT (Specify) Auto accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Henry 13	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lowry City St Clair Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 19, 1950 10:20		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR Auto-truck collision			
22. I hereby certify that I attended the deceased from 19 August, 1950 , to 19 August, 1950 , that I last saw the deceased alive on 19 August, 1950 , and that death occurred at 1:40 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE Robert H. Hensel		23b. ADDRESS 105 E. Ohio, Clinton, Mo	
23c. DATE SIGNED 19 Aug 50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8/22/1950	
24c. NAME OF CEMETERY OR CREMATORY Gove		24d. LOCATION (City, town, or county) (State) Gove Kansas.	
DATE REC'D BY LOCAL REG Aug 22-50		REGISTRAR'S SIGNATURE Florence Adair	
FUNERAL DIRECTOR'S SIGNATURE F. B. ...		ADDRESS Mo	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DISTRICT HEALTH OFFICE N
District File Number
Date Filed 8/28/5

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 J. B. Goodrich

Licensed Embalmer No. 3038

P. O. Address Quincy, Ill.

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.