

FILED MAY 28 1951

STANDARD CERTIFICATE OF DEATH

17587

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 4410 Registrar's No. 26

2810  
3

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

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. James</b>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. James</b>	0810
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Highway 66 (east)</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print) <b>Leo Vernon Orye</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 19, 1951</b>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 5, 1906</b>	9. AGE (In years last birthday) <b>45</b>	IF UNDER 1 YEAR Months <b>-</b>	IF UNDER 1 DAY Days <b>-</b>	IF UNDER 1 HR. Hours <b>-</b>	IF UNDER 1 MIN. Min. <b>-</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>U.S. Army</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>✓</b>	11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Noah Orye</b>	13b. MOTHER'S MAIDEN NAME <b>Doesn't know</b>	14. NAME OF HUSBAND OR WIFE <b>Melba Pauline (Spurgeon)</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War II</b>	16. SOCIAL SECURITY NO. <b>-----</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ray Spurgeon</b>	ADDRESS <b>St. James, Mo.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Compound Fracture of the Skull, with</b>	ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		<b>891304</b>
	DUE TO (c) <b>Automobile accident.</b>		<b>25</b>
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <b>U.S. Highway 66</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Esat Edge of St. James Phelps Mo.,</b>
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>May 19, 1951 10:00AM</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Thrown from passenger car into path of truck.</b>
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22. I hereby certify that I attended the deceased from ✓, 19  , to ✓, 19  , that I last saw the deceased leadive on May 19, 1951, and that death occurred at 10:00A m., from the causes and on the date stated above.

22a. SIGNATURE <b>S. G. Muel</b>	(Degree or title) <b>Coroner of Phelps Co.,</b>	23b. ADDRESS <b>Rolla Missouri</b>	23c. DATE SIGNED <b>5/23/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 23, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. James, Missouri.</b>
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DATE REC'D BY LOCAL REG. <b>May 25, 51</b>	REGISTRAR'S SIGNATURE <b>Cora E. Birmingham</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Creel Liekholder</b>	ADDRESS <b>St James Mo</b>
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1951-52

APR 12 1952

JUN 13 1952

JUN 6 1952

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.....

Jake Nelson

Student Embalmer No. 386

working under my personal supervision.

Student Jake Nelson Student Embalmer

Signed

Orvil E. Licklider

Licensed Embalmer No. 3546

P. O. Address St James 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.