S. No. 300
v. 10.48

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23583

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 56

1551
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1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aurora
c. LENGTH OF STAY (in this place): 1 wk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Aurora Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lawrence
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mt. Vernon (Rural) 158
d. STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print): a. (First) Emma b. (Middle) E c. (Last) Orr

4. DATE OF DEATH (Month) (Day) (Year): June 23 51

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Nov 3 1863

9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months 6 Days 18 — IF UNDER 1 HR.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: Retired Teacher

11. BIRTHPLACE (State or foreign country): 7 mi. North Mt Vernon Mo

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Paul Orr

13b. MOTHER'S MAIDEN NAME: Sarah Jane Pogue

14. NAME OF HUSBAND OR WIFE: Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): No — (If yes, give war or dates of service): X

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S SIGNATURE OR NAME: Glen Comstock — ADDRESS: Mt Vernon Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Malnutrition — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Senile dementia — Same

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Nephritis; bronchopneumonia

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 304X

20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6/15, 1951, *to* 6/23, 1951, *that I last saw the deceased alive on* 6/20, 1951, *and that death occurred at* 12:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. F. Grover (Degree or title): M.D.

23b. ADDRESS: Mt. Vernon

23c. DATE SIGNED: 6/23/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 24th 51

24c. NAME OF CEMETERY OR CREMATORY: Ozark Prairie (Brick Church)

24d. LOCATION (City, town, or county): 7 mi N - Mt Vernon (State): Mo

DATE REC'D BY LOCAL REG.: June 25-51

REGISTRAR'S SIGNATURE: Ora McNatt 157

25. FUNERAL DIRECTOR'S SIGNATURE: George B. Orr — ADDRESS: Mt. Vernon Mo

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED JUL 9 1951
Dist. File 251-1221
Date Filed 2-13-51

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed George D. Orr

Signed.....
Student Embalmer

Licensed Embalmer No. 946

P. O. Address Mt Vernon 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.