

FILED OCT 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32464

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 157

1. PLACE OF DEATH a. COUNTY <u>ADRAIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ADRAIN</u>	
b. CITY OR TOWN <u>MEXICO</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL SALT RIVER 004 (1)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ALLEN NURSING HOME</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. #4 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ORPHIA</u> b. (Middle) <u>M.</u> c. (Last) <u>HALL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 15 1951</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>APRIL 4 - 1861</u>		9. AGE (In years last birthday) <u>90</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>MOBILE, ALA</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
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13a. FATHER'S NAME <u>NACOB TWHISNER</u>			13b. MOTHER'S MAIDEN NAME <u>JANE V. GARSIDE</u>			14. NAME OF HUSBAND OR WIFE		
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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) <u>NO</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Tommy Stewart - Mexico</u>		ADDRESS	
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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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>Hypostatic pneumonia</u>				<u>5 days</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Cardiac failure</u>				<u>3 weeks</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Arteriosclerotic heart disease</u>				<u>15 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture hip, recent</u>				<u>6 weeks</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4.200 F</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Apr 25, 1951 to Oct. 8, 1951; that I last saw the deceased alive on Oct. 8, 1951, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. Kallibach, M.D.</u>		(Degree or title)		23b. ADDRESS <u>Mexico, Mo</u>		23c. DATE SIGNED <u>Oct 17, 1951</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-12-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Mexico, Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Oct 17 1951</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas Arnold</u>		ADDRESS <u>Mexico</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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Date Received: OCT 26 1951
DISTRICT HEALTH OFFICE
District File Number 16-51
Date Filed: OCT 26 1951

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 Richard Y. McDonald

Signed.....
Student Embalmer

Licensed Embalmer No. 4925

P. O. Address Mexico Mine

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.