

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 23 1952

BIRTH NO. _____		REG. DIST. NO. <u>352</u>		PRIMARY REG. DIST. NO. <u>6194</u>		Registrar's No. <u>48</u>		
1. PLACE OF DEATH a. COUNTY <u>Taney</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Taney</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Minery Mo</u>		c. LENGTH OF STAY (In this place) <u>8 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Minery 1960</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Brazel W Orr</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-16-52</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Jan 10-1857</u>	9. AGE (In years last birthday) <u>95</u>	# UNDER 1 YEAR Months	# UNDER 10 yrs. Days	# UNDER 100 yrs. Hours	Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Marion Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Sam Orr</u>		13b. MOTHER'S MAIDEN NAME <u>Felicya Cather Research</u>		14. NAME OF HUSBAND OR WIFE <u>Research</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>371</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Philia</u>		ADDRESS <u>Minery Mo</u>		
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized hep. Arteriosclerosis</u> ANTECEDENT CAUSES <u>Bernie's arteriosclerosis</u> DUE TO (b) <u>Bernie's arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u> <u>used</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4501</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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>Jan 1952</u> to <u>6-16, 1952</u> , that I last saw the deceased alive on <u>6-16, 1952</u> , and that death occurred at <u>3 PM.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>W.C. Maerian</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Beaverton Mo</u>		23c. DATE SIGNED <u>6.16.52</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-16-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Beech Creek</u>	24d. LOCATION (City, town, or county) (State) <u>Minery Mo</u>				
DATE RECD BY LOCAL REG. <u>6-17-52</u>		REGISTRAR'S SIGNATURE <u>J E Cogswell 376</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Halt Funeral Home, Hannibal</u> ADDRESS _____				

(Licensed Embalmer's Statement on Reverse Side)

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

**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 Charles L. Holt

Licensed Embalmer No. 819

P. O. Address Harrison

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.