

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37591

State File No.

FILED DEC 8 1952

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4024 Registrar's No. 729

0050
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Barry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>										
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cassville Mo</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Purdy, Missouri</u>		<u>0050</u>								
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>Purdy Twp</u>										
3. NAME OF DECEASED (Type or Print) a. (First) <u>Orpha</u> b. (Middle) <u>Orville</u> c. (Last) <u>Sass</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 29 1952</u>										
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 19, 1920</u>	9. AGE (In years last birthday) <u>32</u>	<table border="1"> <tr> <td># UNDER 1 YEAR</td> <td># UNDER 1 YEAR</td> <td># UNDER 1 YEAR</td> <td># UNDER 1 YEAR</td> </tr> <tr> <td>Months</td> <td>Days</td> <td>Hours</td> <td>Mins.</td> </tr> </table>	# UNDER 1 YEAR	Months	Days	Hours	Mins.			
# UNDER 1 YEAR	# UNDER 1 YEAR	# UNDER 1 YEAR	# UNDER 1 YEAR										
Months	Days	Hours	Mins.										
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cassville Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>								
13a. FATHER'S NAME <u>Jerry Loney</u>		13b. MOTHER'S MAIDEN NAME <u>Nettie Hall</u>	14. NAME OF HUSBAND OR WIFE <u>Otto Sass Purdy Mo</u>										
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. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Otto Sass Purdy, Missouri</u> 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic poisoning</u> ANTECEDENT CAUSES DUE TO (b) <u>Kidney failure</u> DUE TO (c) <u>Diabetes</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute urinary infection. Obesity</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>1 week</u> <u>unknown</u>								
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>260X</u>								
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) (Min.)	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>Nov. 28, 1952</u> , to <u>Nov. 29, 1952</u> , that I last saw the deceased alive on <u>Nov. 29, 1952</u> , and that death occurred at <u>12:15 p.m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE <u>Arthur A. Michel, MD</u> (Degree or title)			23b. ADDRESS <u>Cassville, Mo</u>		23c. DATE SIGNED <u>12-1-52</u>								
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 3 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ennis Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>NorthEast Cassville Mo</u>										
DATE REC'D BY LOCAL REG. <u>12-1-52</u>	REGISTRAR'S SIGNATURE <u>Grace Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bennett & Wormington</u> ADDRESS <u>Monett, Mo</u>										

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. Gordon Bennett

Licensed Embalmer No. *4213*

P. O. Address *Monett 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.