

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14010**

FILED APR 17 1953

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5563 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Iron</u> <u>0470</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u> <u>0470</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hogan Mo. RR.</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>General Delivery</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Luther</u> b. (Middle) <u>Jackson</u> c. (Last) <u>Orr</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 15 1953</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>12/31/1884</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.
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>Gen Farming</u>		11. BIRTHPLACE (State or foreign country) <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Boyd Orr</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Seals</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>547-32-8935</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Henry Orr Hogan, Mo Gen Delivery</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 Years</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (b) <u>Myocarditis</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on 3/15, 1953, and that death occurred at 1:00P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. R. Howell</u> <u>Coroner 3</u>	23b. ADDRESS <u>226 N. Main Tronton, Mo.</u>	23c. DATE SIGNED <u>3/15/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/17/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Arcadia, Mo. RR #1</u>
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DATE REC'D BY LOCAL REG. <u>4-15-53</u>	REGISTRAR'S SIGNATURE <u>Miss Aris Jones</u>	128-1	25. FUNERAL DIRECTOR'S SIGNATURE <u>Howell Funeral Home</u>	ADDRESS <u>Trouton, Mo</u>
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(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, ~~only~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

C. R. Howell

Licensed Embalmer No. *3670*

P. O. Address *Proton, Md.*

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.