No. 300
10.48

FILED JUL 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22616

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 3058 Registrar's No. 148

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 4

1. PLACE OF DEATH
a. COUNTY: St. CHARLES
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. CHARLES
c. LENGTH OF STAY (in this place): 2 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HARDIN HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: St. CHARLES
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. CHARLES
d. STREET ADDRESS (If rural, give location): 629 S - 4th 0923 0

3. NAME OF DECEASED (Type or Print)
a. (First): OSCAR
b. (Middle): A
c. (Last): ORF

4. DATE OF DEATH (Month) (Day) (Year): JUNE 30 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: OCT. 10 - 1897
9. AGE (In years last birthday): 55 — If under 1 year: Months 8, Days 20 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AGENT
10b. KIND OF BUSINESS OR INDUSTRY: INSURANCE
11. BIRTHPLACE (State or foreign country): St. CHARLES Co. Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: VINCENT ORF
13b. MOTHER'S MAIDEN NAME: WILMES
14. NAME OF HUSBAND OR WIFE: AGNES ORF

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 492-24-6
17. INFORMANT'S SIGNATURE OR NAME: AGNES ORF 629 S-4th
ADDRESS: St. CHARLES

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, asthenia, 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)	Coronary Occlusion	Sudden
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Cerebral Sclerosis	?
DUE TO (c)	Coronary Sclerosis	?
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Cerebral Hemorrhage	7 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: E. Hemiplegia 4201
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* June 10, 1952, *to* June 30, 1953, *that I last saw the deceased alive on* June 20, 1953 *and that death occurred at* 9 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J M Jenkins Mo
23b. ADDRESS: St Charles Mo July
23c. DATE SIGNED: 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE: JULY 3 53
24c. NAME OF CEMETERY OR CREMATORY: ST. PETERS
24d. LOCATION (City, town, or county): ST. CHARLES (State): Mo

DATE REC'D BY LOCAL REG.: July 1 1953
REGISTRAR'S SIGNATURE: Fannie Hamilton 284-0
25. FUNERAL DIRECTOR'S SIGNATURE: Ell Keithly
ADDRESS: Orellan Mo

(Licensed Embalmer's Statement on Reverse Side)

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.....

Signed.....
Student Embalmer

Licensed Embalmer No. 8 7 V

P. O. Address Dallas 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.