

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28242**
Registrar's No. **25**

FILED SEP 2 - 1953

BIRTH NO. _____ REG. DIST. NO. **115** PRIMARY REG. DIST. NO. **5433**

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before and during) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) R.R. 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R. 2		0360 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Bessie	b. (Middle)	c. (Last) Orrell	4. DATE OF DEATH (Month) (Day) (Year) August 15th 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH June 27th 1879	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 2 Days 13	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work	10b. KIND OF BUSINESS OR INDUSTRY House work	11. BIRTHPLACE (State or foreign country) New Memphis Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Egera Orrell	13b. MOTHER'S MAIDEN NAME Lucretia Bridges	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Gene Orrell	ADDRESS Union Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Large myocardial infarct		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Large infarct of left abdominal wall - excision and x-ray R. & B. DUE TO (c) Barrett Hosp.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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 **8-8, 1953**, to **8-15, 1953**, that I last saw the deceased alive on **8-7, 1953**, and that death occurred at **12:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H.M. Lemp	23b. ADDRESS Union Mo.	23c. DATE SIGNED 8-17-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/17/53	24c. NAME OF CEMETERY OR CREMATORY Union	24d. LOCATION (City, town, or county) (State) Union Mo.
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DATE REC'D BY LOCAL REG. Aug 17-1953	REGISTRAR'S SIGNATURE J.T. Cooper	25. FUNERAL DIRECTOR'S SIGNATURE E.H. Ottman	ADDRESS Union Mo.
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WRITE PLAINLY—USING UNFADING/BLACK INK—MAKE A PERMANENT RECORD

360

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 _____

E. H. Oltnann

Licensed Embalmer No. 1686

P. O. Address Union, 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.