No. 300
10.48

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# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 38801

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1063

**1. PLACE OF DEATH**
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): OZARK OSTEOPATHIC HOSPITAL

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Lawrence
c. CITY OR TOWN: Aurora ~~Aurora~~
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 206 E. Delta 0551

**3. NAME OF DECEASED** (Type or Print): a. (First) John b. (Middle) William c. (Last) Ormsby

**4. DATE OF DEATH** (Month) 11 (Day) 26 (Year) 53

**5. SEX**: M
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: July 12, 1918
**9. AGE** (In years last birthday): 35 — If under 1 year: Months 4, Days 14 — If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Truck Driver
**10b. KIND OF BUSINESS OR INDUSTRY**: Trucking
**11. BIRTHPLACE** (City and State or Foreign Country): Barclay Kans.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Grover Cleveland Ormsby
**13b. MOTHER'S MAIDEN NAME**: Tyson
**14. NAME OF HUSBAND OR WIFE**: Nadene Ormsby

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no (If yes, give war or dates of service): no
**16. SOCIAL SECURITY NO.**: Unknown
**17. INFORMANT'S SIGNATURE OR NAME**: Alvin C. Ormsby 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory Failury — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Decompensated Conpulmonale
DUE TO (c) MitrolStenosis
Old Rheumatic Fever

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* none

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 4-16 X
**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* 11/10/53, 19___, *to* 11/26, 19 53, *that I last saw the deceased alive on* 11/26, 19 53 *and that death occurred at* 8:50 *p.m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Leland E. Wetzel DO
**23b. ADDRESS**: Springfield, Mo.
**23c. DATE SIGNED**: 11/26/53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 11-26-53
**24c. NAME OF CEMETERY OR CREMATORY**: — —
**24d. LOCATION** (City, town, or county) (State): Aurora Missouri

DATE REC'D BY LOCAL REG.: 11-28-53
REGISTRAR'S SIGNATURE: Earl Williamson
**25. FUNERAL DIRECTOR'S SIGNATURE**: Oscar L. Marsh
ADDRESS: Aurora Mo

(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 embalm

by me, or by ..... Myself ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed ... Oscar L. Marsh ...

Licensed Embalmer No. 3812

P. O. Address Arrow ... M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.