No. 300
10.48

FILED JAN 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1931

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4286 Registrar's No. 106

0560
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): La Grange
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): Schnieder Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): La Grange MO
d. STREET ADDRESS (If rural, give location): No St. Address 0560 0

3. NAME OF DECEASED (Type or Print)
a. (First): Sarah
b. (Middle): Ellen
c. (Last): Orange

4. DATE OF DEATH (Month) (Day) (Year): JAN. 3-1954

5. SEX: Female 3
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 3
8. DATE OF BIRTH: Sept. 20, 1875
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

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

13a. FATHER'S NAME: John Emerson
13b. MOTHER'S MAIDEN NAME: Caroline Morris
14. NAME OF HUSBAND OR WIFE: John O. Orange

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: J. Kenneth Bailey, La Grange Mo. — 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): PNEUMONIA

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): OSTEO ARTHRITIS
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 7230
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* DEC 24, 1953, *to* JAN 3, 1954, *that I last saw the deceased alive on* JAN 2-1954, *and that death occurred at* 1:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. F. Ellers MD
23b. ADDRESS: La Grange Mo
23c. DATE SIGNED: 1/4/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 5 1954
24c. NAME OF CEMETERY OR CREMATORY: River View
24d. LOCATION (City, town, or county) (State): La Grange Mo.

DATE REC'D BY LOCAL REG.: 1/7/54
REGISTRAR'S SIGNATURE: P. W. Jennings, M.D. 161-0 E.L.
25. FUNERAL DIRECTOR'S SIGNATURE: J. Kenneth Bailey — ADDRESS: La Grange 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 ..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed J. Kennett Bailey

Licensed Embalmer No. 4248

P. O. Address La Grange 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.