

FILED MAY 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17600

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>323</u>		PRIMARY REG. DIST. NO. <u>6091</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>SALINE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SALINE</u>			
b. CITY OR TOWN <u>RURAL - SALT POND</u>		c. LENGTH OF STAY (in this place) <u>3 HOURS</u>		c. CITY OR TOWN <u>SWEET SPRINGS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 MILE WEST OF SWEET SPRINGS</u>				f. STREET ADDRESS (If rural, give location) <u>335 WEST MAIN</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u>		b. (Middle) <u>LEE</u>		c. (Last) <u>OERDING</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 18 1954</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>FEBRUARY 23, 1941</u>	
9. AGE (In years last birthday) <u>13</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>SWEET SPRINGS, MO.</u>	
12. CITIZENRY OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>HENRY OERDING</u>		13b. MOTHER'S MAIDEN NAME <u>ELSIE PINKE PANK</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Elsie Oerding - Sweet Springs, Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Caused by Tractor</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9121</u> <u>3</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Instantaneous</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident on Farm</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Salt Pond, Mo.</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Salt Pond, Saline Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-18-1954 11:00 AM</u>	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Tractor turned over, crushed, +</u>					
22. I hereby certify that I attended the deceased from <u>May 18, 1954</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>May 18, 1954</u> , and that death occurred at <u>11:00 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>P. L. Lewis M.D., Coroner Saline Co.</u>				23b. ADDRESS <u>Marshall Mo.</u>		23c. DATE SIGNED <u>5-18-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 20, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>SWEET SPRINGS MO</u>	
DATE REC'D BY LOCAL REG. <u>MAY 25 1954</u>		REGISTRAR'S SIGNATURE <u>Elyde A. Bridges</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>L. F. Parker - Sweet Springs, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.4810
9

0910

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *L. F. Parker*

Licensed Embalmer No. *384*

P. O. Address *Sweet Springs*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F

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.