

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19668

State File No.

FILED JUN 24 1954

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>178</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission).					
a. COUNTY <u>Marion</u>				a. STATE <u>Missouri</u>		b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>Hannibal</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>Hannibal</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence 1821 Patchen</u>				e. STREET ADDRESS (If rural, give location) <u>1821 Patchen</u>					
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. AGE (In years last birthday)			
a. (First) <u>John David Orr</u>			b. (Middle) _____			c. (Last) _____			
6. COLOR OR RACE <u>White</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>			8. DATE OF BIRTH <u>July 31, 1892</u>			
5. SEX <u>Male</u>		9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>15</u>		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>xx</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Monroe County Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>			13a. FATHER'S NAME <u>David C. Orr</u>		13b. MOTHER'S MAIDEN NAME <u>Susie Hoskins</u>		14. NAME OF HUSBAND OR WIFE <u>Never married</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W W I</u>			16. SOCIAL SECURITY NO. <u>M97-30-9924</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Daniel W. Orr</u>		ADDRESS <u>Hannibal Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>				ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				Morbid 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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>last seen</u> , 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:00A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Robert Lanning, M.D.</u>				23b. ADDRESS <u>Hannibal, Mo.</u>				23c. DATE SIGNED <u>6/17/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/16/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>			
DATE REC'D BY LOCAL REG. <u>6/18/54</u>		REGISTRAR'S SIGNATURE <u>Dr. M. S. Deady</u>			25. JUNIOR DIRECTOR'S SIGNATURE <u>W. C. Fisher</u>		ADDRESS <u>Hannibal Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

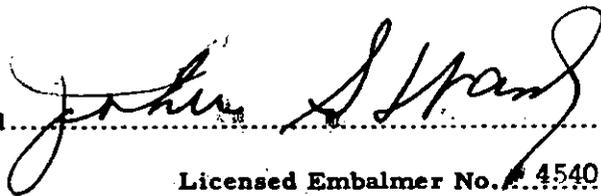
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUN 22 1954
MARION CO. HEALTH DEPT.
DATE FILED JUN 22 1954

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
Signature of Student Embalmer

Signed 
Licensed Embalmer No. # 4540

P. O. Address Hannibal, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.