

FILED AUG 4 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25963

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4499 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Shelby</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Shelbina</u>		c. LENGTH OF STAY (in this place) <u>5 Yrs.</u>	c. CITY OR TOWN <u>Shelbina</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS _____		(If rural, give location) <u>1020</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>William</u> c. (Last) <u>Orr</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 21, 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 19, 1872</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months _____ Days _____
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>Own Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Shelby County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>James C. Orr</u>		13b. MOTHER'S MAIDEN NAME <u>Francis Hutchenson</u>		14. NAME OF HUSBAND OR WIFE <u>Hallie E. Orr</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Hallie Orr, Shelbina, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis (Cerebral)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
	ANTECEDENT CAUSES 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. <u>Death probably hastened by extreme heat</u>		

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>334X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 July 9, 1954, to July 21, 1954 that I last saw the deceased alive on July 19, 1954 and that death occurred at 5:20 p.m. from the causes and on the date stated above.

23a. SIGNATURE <u>P. G. Wheeler M.D.</u> (Degree or title)		23b. ADDRESS <u>Shelbville Mo</u>		23c. DATE SIGNED <u>7-23-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/24/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>IOOF Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>Shelbina, Missouri</u>			

DATE REC'D BY LOCAL REG. <u>July 27-54</u>		REGISTRAR'S SIGNATURE <u>Ada Garrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F. Hayes Shelbina, Mo.</u>	
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419-0 (Licensed Embalmer's Statement on Reverse Side)

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

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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..... *Paul E. Hayes*

Licensed Embalmer No..... *44*

P. O. Address... *Shelburne*

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.