

FILED AUG 25 1954

STANDARD CERTIFICATE OF DEATH

State File No. 28563

0840

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5974 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Balvau Rural 20ys</u>		c. CITY OR TOWN <u>Balvau</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>4 mi. West of Balvau</u>		e. STREET ADDRESS (If rural, give location) <u>4 mi. West of Balvau</u>	
3. NAME OF DECEASED a. (First) <u>Robert</u> b. (Middle) <u>K.</u> c. (Last) <u>Ordrey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 19 1954</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Aug 31 1883</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	9. AGE (In years last birthday) <u>70</u> 10. <u>10</u> 11. <u>18</u>
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>Farming</u>	11. BIRTH PLACE (City and State or Foreign Country) <u>Oak Dale Ill</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Thomas Ordrey</u> 13b. MOTHER'S MAIDEN NAME <u>Elizabeth M. Craker</u> 14. NAME OF HUSBAND OR WIFE <u>Single</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 <u>Harold Ordrey</u>		ADDRESS <u>Louisburg 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			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>Acute Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Extreme Heat Condition</u>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9310</u> <u>22</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) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Balvau</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Balvau Polk Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 19 1954</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>July 20, 1954</u> to _____, 19____, that I last saw the deceased alive on <u>July 20, 1954</u> and that death occurred at <u>3:00 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Harold Ordrey</u>		23b. ADDRESS <u>Balvau, Mo</u>	
23c. DATE SIGNED <u>July 21 1954</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 22 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Payne's Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Polk Mo</u>
DATE REC'D BY LOCAL REG. <u>July 21 1954</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph Ordrey</u>	
REG. SIGNATURE <u>Ralph Ordrey</u>		ADDRESS <u>258 Quail Lodge, Greenville & Blue, Balvau Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

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JUL 8 1955

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 *Richard B. Erwin*

Licensed Embalmer No. *3092*

P. O. Address *Polkville*

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.