

FILED AUG 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25617

State File No.

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 784

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs</u>	c. LENGTH OF STAY (In this place) <u>42 YRS.</u>	c. CITY OR TOWN <u>Excelsior Springs</u>	d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>732 Milwaukee</u>		STREET ADDRESS (If rural, give location) <u>732 Milwaukee</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ORVAL</u>	b. (Middle) <u>RAY</u>	c. (Last) <u>MILLARD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 1, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Oct. 5, 1910</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Restaurants</u>	11. BIRTHPLACE (City and State or Foreign Country) / <u>Miami, Okla.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James Millard</u>	13b. MOTHER'S MAIDEN NAME <u>Mina Barr</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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>YES - LINK</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mina Millard, 732 Milwaukee, Excelsior Springs, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>12 AM - 6:55 AM</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Embolism</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Inguinal Hernia Surgery</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>5600</u>	

19a. DATE OF OPERATION <u>7/21/55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Inguinal Hernia -</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 7-20, 1955, to 8-1, 1955, that I last saw the deceased alive on 8/1/55, 1955, and that death occurred at 5A m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Excelsior Springs Mo</u>	23c. DATE SIGNED <u>8-13-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-3-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Excelsior Springs, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8/16/55</u>	REGISTRAR'S SIGNATURE <u>Baroline Hutchings</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Claude Richard</u>	ADDRESS <u>Exc. Springs, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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 *Lindell Jarm*

Licensed Embalmer No. *458*
P. O. Address *Excelsior Springs,*

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.