

FILED SEP 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **25778**BIRTH NO. _____ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **5434** Registrar's No. **155**

1. PLACE OF DEATH a. COUNTY Franklin.		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri. b. COUNTY Franklin.	
b. CITY (If outside corporate limits, write RURAL and give town) Washington. St. Johns		c. LENGTH OF STAY (in this place) Two yrs.	c. CITY OR TOWN Washington.
d. FULL NAME OF HOSPITAL OR INSTITUTION R. #1 West.		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) R. #1 West.	

3. NAME OF DECEASED (Type or Print)	a. (First) Lorraine	b. (Middle) M.	c. (Last) Orton	4. DATE OF DEATH (Month) (Day) (Year) Sept. 1st, 1955.
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 4th, 1913.	9. AGE (In years last birthday) 42 IF UNDER 1 YEAR Months 3 Days 27 IF UNDER 24 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe worker.	10b. KIND OF BUSINESS OR INDUSTRY International Shoe	11. BIRTHPLACE (City and State or Foreign Country) Washington, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Isadore Lamke.	13b. MOTHER'S MAIDEN NAME Armella M. Brinker	14. NAME OF HUSBAND OR WIFE William Orton.		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. X	16. SOCIAL SECURITY NO. 493-01-0297	17. INFORMANT'S SIGNATURE OR NAME Mrs. Armella M. Lamke	ADDRESS Washington, Mo.
---	--	--	--------------------------------

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) Transverse Myelitis		INTERVAL BETWEEN ONSET AND DEATH
	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.			

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)	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) (Min.)	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 **1952**, 19**56**, that I last saw the deceased alive on **Aug 31, 1956**, and that death occurred at **11:40 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title)	23b. ADDRESS Washington, Mo	23c. DATE SIGNED 9/2/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 5, 1955.	24c. NAME OF CEMETERY OR CREMATORY St. Francis Borgia Cemetery,	24d. LOCATION (City, town, or county) (State) Washington, Mo.

DATE REC'D BY LOCAL REG. 9/6/55	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Washington, Mo.
--	--	---	--------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

0.48

360

APR 1 1957

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..... *Lester A. Pitt*

Licensed Embalmer No. *322*

P. O. Address *Washington*

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.