

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED SEP 7 1955

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <i>Vernon</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Rural Washington</i>		c. LENGTH OF STAY (in this place) <i>140 3/4 - 28 days</i>	c. CITY OR TOWN <i>Kan City</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hosp No 3</i>		e. STREET ADDRESS (If rural, give location) <i>5124 Grand Ave -</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>OSCAR</i> b. (Middle) <i>-</i> c. (Last) <i>ORAHOOD</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Aug 27 55</i>	
5. SEX <i>Mo</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>April 1-1899</i>
10a. USUAL OCCUPATION (Give kind of work done during most working years even if retired) <i>Meat cutter</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Indiana</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		14. NAME OF HUSBAND OR WIFE <i>FANNIE</i>	
13a. FATHER'S NAME <i>Aaron Orahood</i>		13b. MOTHER'S MAIDEN NAME <i>Sarah Ann Roman</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Unknown</i>		16. SOCIAL SECURITY NO. <i>248 NO.</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Frederic State Hosp No 3 Nevada</i>		ADDRESS <i>Nevada</i>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <i>Generalized Cerebral Sclerosis</i> INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs</i> 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. <i>Acute Peritonitis</i> <i>2 yrs</i>	
19a. DATE OF OPERATION <i>None</i>		19b. MAJOR FINDINGS OF OPERATION <i>None</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4500	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>None</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>None</i>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>None</i>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>None</i>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>None</i>	
22. I hereby certify that I attended the deceased from <i>April 29, 1954, to Aug 27, 1955</i> , that I last saw the deceased alive on <i>Aug 27, 1955</i> , and that death occurred at <i>6:21 m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Robert Logan</i>		23b. ADDRESS <i>State Hosp No 3</i>	
23c. DATE SIGNED <i>8/27/55</i>			
24a. BURIAL, CREMATION REMOVAL (Specify) <i>Buried</i>		24b. DATE <i>8-29-1955</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Newton Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Nevada Mo.</i>	
DATE REC'D BY LOCAL REG. <i>8-29-55</i>		REGISTRAR'S SIGNATURE <i>Anna E. Perry</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Hays Funeral Service Inc</i>		ADDRESS <i>Nevada Mo.</i>	

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 *H. H. Marmaduke*.....

Licensed Embalmer No. *207*.....

P. O. Address *Wanda*.....

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.