

FILED APR 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8241

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 228

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri, b. COUNTY Stoddard	
b. CITY (If outside of city or town, give name of city or town) Poplar Bluff		c. CITY OR TOWN Puxico R. 3	
c. LENGTH OF STAY (in this place) _____		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) Poplar Bluff Hospital			
e. STREET ADDRESS (If rural, give location) Poplar Bluff Mo.			

3. NAME OF DECEASED (Type or Print)	a. (First) Cora	b. (Middle) Ann,	c. (Last) Orman	4. DATE OF DEATH (Month) (Day) (Year)	3 21 56
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Jan. 18 1876	9. AGE (in years last birthday) 80	IF UNDER 1 YEAR Months 2 Days 3	IF UNDER 24 HRS. Hours 3 Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY House wife	11. BIRTHPLACE (City and State or Foreign Country) Jasonville Ind.,	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jacob Orman	13b. MOTHER'S MAIDEN NAME Marendia McCarr,	14. NAME OF HUSBAND OR WIFE Deceased
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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) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Cecile Orman Puxico Mo R.1.	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Coronary heart disease		
	ANTECEDENT CAUSES Morbidity 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"/>
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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) 4201
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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? _____
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22. I hereby certify that I attended the deceased from Mar. 20 1956, to March 21, 1956, that I last saw the deceased alive on Mar. 21, 1956, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Tom Henschman M.D.	23b. ADDRESS Poplar Bluff, Missouri	23c. DATE SIGNED 3-27-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3 - 24 - 56	24c. NAME OF CEMETERY OR CREMATORY Harper	24d. LOCATION (City, town, or county) (State) Puxico Rural Stoddard CO
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DATE REC'D BY LOCAL RES. 3/29/56	REGISTRAR'S SIGNATURE Ed Henschman	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Matthews and Sons	ADDRESS Puxico Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

489

RECEIVED
APR 3 1956

BUTLER CO. HEALTH CENTER

FILE No. _____

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 *Marsh Watkins*.....

Licensed Embalmer No. *471*.....

P. O. Address *Butler*.....

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.

Butler Co. Health Center