

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

No. 300  
10.48

FILED DEC 17 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 237 PRIMARY REG. DIST. NO. 5820 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gideon</u>		c. LENGTH OF STAY (in this place) <u>20 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gideon</u>	
		d. STREET ADDRESS (If rural, give location) <u>0 12 0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Raymond</u>	b. (Middle) <u>(None)</u>	c. (Last) <u>ORTON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-7-56</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>Married</u>	8. DATE OF BIRTH <u>6-27-1914</u>	9. AGE (In years last birthday) <u>42</u>	10. UNDER 1 YEAR Months _____	11. UNDER 1 YEAR Days _____	12. UNDER 1 YEAR Hours _____	13. UNDER 1 YEAR Min. _____
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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>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Gideon Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>Arthur Orton</u>	13b. MOTHER'S MAIDEN NAME <u>Lalie Holland</u>	14. NAME OF HUSBAND OR WIFE <u>Margerie Orton</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Margerie Orton</u>	ADDRESS <u>Gideon 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, 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) <u>Ruptured aortic aneurysm (h.)</u>		<u>18 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>dues - Tertiary</u>		
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>022.X</u>			

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) _____
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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 12-7-56, to 12-9-56, that I last saw the deceased alive on 12-9-56, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. B. Hopkins, M.D.</u>	23b. ADDRESS <u>GIDEON, MO.</u>	23c. DATE SIGNED <u>12/8/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/10/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stanfield</u>	24d. LOCATION (City, town, or county) (State) <u>New Madrid, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-8-56</u>	REGISTRAR'S SIGNATURE <u>Mrs F. B. Hopkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clayton Russell</u>	ADDRESS <u>Piggott Ark.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

456

DATE RECEIVED DEC 12 1956  
NEW MADRID CO. HEALTH CENTER

P. J. S.

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 .....

Student Embalmer

Signed Lloyd Russell

Licensed Embalmer No. 509-Ark.

P. O. Address Piggott, Ark.

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 this body is not embalmed, fact should be so stated above.