

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1736

FILED JAN 23 1957

STATE FILE NUMBER

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Arnold <i>Rock</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Arnold
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.R. # 2		Length of stay in lb 35 Yrs.	d. STREET ADDRESS (If outside, give location) R.R. # 2
3. NAME OF DECEASED (Type or print) First NELLIE Middle ANN Last ORTNER			4. DATE OF DEATH Jan. 7, 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Sept. 22, 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Unknown, Missouri
13. FATHER'S NAME Thomas Burke		12. CITIZEN OF WHAT COUNTRY? USA	
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 Address Mrs. Nora Dunn, RR #2, Arnold, Mo.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Rheumatic Heart Disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4/6 X			INTERVAL BETWEEN ONSET AND DEATH 10 months 4 years
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>7/56</u> to <u>1/7/57</u> and last saw ^{her} him alive on <u>1/7/57</u> . Death occurred at <u>6:15</u> <u>p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Charles R. Burdick M.D.		22b. ADDRESS 206 N. Clay Richmond 22. Mo	22c. DATE SIGNED 1/9/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-10-57	23c. NAME OF CEMETERY OR CREMATORY Reynolds	23d. LOCATION (City, town, or county) (State) Reynolds, Missouri
24. FUNERAL DIRECTOR ADDRESS McLaughlin Funeral Home, Inc.		25. DATE RECD. BY LOCAL REG. 1-12-1957	26. REGISTRAR'S SIGNATURE Ruth Jissa
2301 Lafayette, St. Louis 4, Mo.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard momentary ink. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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JEFFERSON COUNTY HEALTH DEPT,
HILLSBORO, MISSOURI

DATE RECEIVED

JAN 16 1957

JAN 29 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..... *James R. Chapman*

Licensed Embalmer No.

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.