

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3344**

FILED JAN 28 1957

BIRTH NO. _____ REG. DIST. NO. **326** PRIMARY REG. DIST. NO. **6103** Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY Scotland | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE Missouri b. COUNTY Scotland | |
| b. CITY (If outside corporate limits, write RURAL and give township) Johnson Twp | c. LENGTH OF STAY (In this place) 24 Yrs. | c. CITY OR TOWN Johnson Twp | d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | e. STREET ADDRESS (If rural, give location) 0990 | |

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|--|---------------------------|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Ramo b. (Middle) Ray c. (Last) Orton | | | 4. DATE OF DEATH (Month) (Day) (Year) January 16, 1957 | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married | 8. DATE OF BIRTH January 21, 1877 | | 9. AGE (In years last birthday) 79 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) / Lee Co., Iowa | |
| 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | | | | |

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| 13a. FATHER'S NAME Wm. Palmer Orton | 13b. MOTHER'S MAIDEN NAME Eliza Jane Franklin | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. 491-26-9359 | 17. INFORMANT'S SIGNATURE OR NAME Eugene Orton | ADDRESS Abela's Mo |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severing his left jugular | | 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) Vein with a pocket knife | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | DUE TO (c) Bled to death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 977X | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Johnson Twp Scotland Mo |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 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 **1-16, 1957** to **1-16, 1957**, that I last saw the deceased alive on **1-16, 1957**, and that death occurred at **P. m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE A.M. Keethler | (Degree or title) D.D. | 23b. ADDRESS Memphis Mo | 23c. DATE SIGNED 1-18-57 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE 1/18/57 | 24c. NAME OF CEMETERY OR CREMATORY Lawn Ridge Cemetery | 24d. LOCATION (City, town, or county) (State) Scotland Co., Missouri |
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| DATE REC'D BY LOCAL REG. 1-26-57 | REGISTRAR'S SIGNATURE Dea. G. Palmer | EMERAL DIRECTOR'S SIGNATURE Gertrude Skutt | ADDRESS Memphis Mo |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

476
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MAY 8 1957
JUN 21 1957
AUG 2 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..... *Albert C. Gertz*

Licensed Embalmer No. *425*

P. O. Address *Memph*

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.