

FILED DEC 18 1957

STANDARD CERTIFICATE OF DEATH

45532

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 388

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Francois Twp.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Ironton</u> <u>0470</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital #4</u> Length of stay in 1b <u>1mo, 23da.</u>		d. STREET ADDRESS <u>Route 1</u> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>ELZA</u> Middle <u></u> Last <u>ORRICK</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>29</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 27, 1901</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	9. AGE (In years last birthday) <u>56</u> IF UNDER 1 YEAR: Months <u>7</u> Days <u>2</u> Hours <u></u> Min. <u></u> IF UNDER 24 HRS. <u></u>
11a. BIRTHPLACE (City and state or country) <u>Graniteville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Moses Orrick</u>		14. MOTHER'S MAIDEN NAME <u>Sylvia Robinson</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Records, State Hospital #4, Farmington, Mo.</u> Address <u></u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion - - - - - instar</u> INTERVAL BETWEEN ONSET AND DEATH <u>taneous.</u> DUE TO (b) <u>Coronary Sclerosis - - - - -</u> Unknown DUE TO (c) <u>4201</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Dementia Praecox Psychosis - - - - -</u> Abt. 14 yrs.			
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 <u></u> Month, Day, Year <u></u> a. m. <u></u> p. m. <u></u>			
20d. INJURY OCCURRED WHILE AT WORK <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>October 6, 1957</u> to <u>November 29, 1957</u> and last saw <u>him</u> alive on <u>Nov. 29, 1957</u> Death occurred at <u>5:35 A. M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John A. Brennan M.D.</u> (Degree or title)		22b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>	22c. DATE SIGNED <u>11-29-57</u>
23a. BURIAL, CREMATION, REQUIEM (Specify) <u>Burial</u>	23b. DATE <u>Dec. 1, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Middle brook Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Middle brook, Mo.</u>
24. FUNERAL DIRECTOR <u>Howell Funeral Home, Ironton, Mo.</u> ADDRESS <u></u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 29, 1957</u>	26. REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>

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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 _____
Licensed Embalmer No. 408

P. O. Address _____

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.