

FILED MAR 20 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010712

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 87

300  
-57

1. PLACE OF DEATH a. COUNTY <b>MARION</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>RALLS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>HANNIBAL</b>		c. CITY OR TOWN <b>MONROE CITY, MO.</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>LEVERING HOSPT.</b>		d. STREET ADDRESS (If outside, give location) <b>R, F, D, #2</b>	
Length of stay in lb <b>10. DAYS</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>Samantha</b>			4. DATE OF DEATH Month <b>MARCH</b> Day <b>12th</b> Year <b>1958</b>		
First <del>Samantha</del> Middle <b>EARLY</b> Last <b>ORR</b>					
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MAY 4th 1867</b>	9. AGE (In years last birthday) <b>90</b>	IF UNDER 1 YEAR Month <b>10</b> Days <b>8</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME.</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>RALLS COUNTY MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>MARTIN I, ELY.</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH MELSON.</b>	14. NAME OF HUSBAND OR WIFE <b>FRANK E. ORR.</b>		

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <i>Mrs. Alice Mangum</i>	Address <i>Monroe City, Mo</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma Rectum</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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. Month, Day, Year _____	

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 <b>MONROE CITY</b>	COUNTY <b>RALLS</b>	STATE <b>MISSOURI</b>
21. I attended the deceased from <u>4 March 58</u> to _____ and last saw her alive on <u>12 March 1868</u> Death occurred at <u>1220 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <i>Wyeth Hamilton M.D.</i>		22b. ADDRESS <i>Palmyra Mo.</i>		22c. DATE SIGNED <i>3/12/58</i>

23a. BURIAL, CREMATION, or other disposal (Specify) <b>BURIAL</b>	23b. DATE <b>MAR. 14. 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>HOLY ROSARY CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>MONROE CITY, MO.</b>
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24. FUNERAL DIRECTOR <i>Wilson &amp; Sons</i>	ADDRESS <b>MONROE CITY, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>3-14-1958</b>	26. REGISTRAR'S SIGNATURE <i>Dr. E. M. Luckey Jr. H. C. Fisher</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

RECEIVED MAR 19 1950  
MARION CO. HEALTH DEPT.  
DATE FILED MAR 19 1950

VS MAY 13 1960

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 ~~Thomas~~....., Student Embalmer No. ~~100~~..... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Leslie L. Wilson.....

Licensed Embalmer No. 3014.....  
P. O. Address Maize City, Mo.....

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.