

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022023

STATE FILE NUMBER

FILED JUL 11 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2892

300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
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 3729 Prospect		Length of stay in lb 67 years	
3. NAME OF DECEASED (Type or print) First Clarence Middle J. Last Orr		4. DATE OF DEATH Month June Day 7 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 12, 1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Santa Fe R. R.	11. BIRTHPLACE (City and state or country) Kansas City, Missouri
13a. FATHER'S NAME Tom Orr		13b. MOTHER'S MAIDEN NAME Anna Lane	14. NAME OF HUSBAND OR WIFE Jessie Orr
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. 709-16-4823	17. INFORMANT Mrs. Jessie Orr, 3729 Prospect
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive heart disease with terminal uremia			INTERVAL BETWEEN ONSET AND DEATH 6 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			443
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 type="checkbox"/> NO <input checked="" 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____			
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 _____ Death occurred at 11:25 1956 to June 7, 1958 and last saw her alive on June 7, 1958 . at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. G. Kettner (Degree or title) M.D.		22b. ADDRESS Kansas City Mo	22c. DATE SIGNED 6/9/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Bur. & Remov. 6-9-58	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY Higginville Cemetery	23d. LOCATION (City, town, or county) (State) Higginville, Missouri
24. FUNERAL DIRECTOR ADDRESS Mellody-McGilley-Eylar, 1800 Linwood		25. DATE RECD. BY LOCAL REG. 6-8-58	26. REGISTRAR'S SIGNATURE Neve Marshall

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
E. G. Kettner

All diseases in Part I must be causally related.

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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 *J. K. [Signature]*

Licensed Embalmer No. 2997

P. O. Address [Signature]

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.