

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025714

STATE FILE NUMBER 3665

FILED AUG 15 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		c. CITY OR TOWN <i>Kansas City</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>509 West 13th</i>		d. STREET ADDRESS (If outside city location) <i>509 West 13th</i>	
Length of stay in lb <i>30 yrs.</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>MARION</i> Middle <i>WARD</i> Last <i>ORAM</i>			4. DATE OF DEATH Month <i>7</i> Day <i>29</i> Year <i>1958</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>10-14-1880</i>	9. AGE (In years last birthday) <i>77</i>	IF UNDER 1 YEAR Months <i>7</i> Days <i>13</i>	IF UNDER 24 HRS. Hours <i>13</i> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most working life, or if retired)	10b. KIND OF BUSINESS OR INDUSTRY <i>Rock Island RR</i>	11. BIRTHPLACE (City and state or country) <i>Blue Ridge, Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>John Oram</i>	13b. MOTHER'S MAIDEN NAME <i>Jane Ward</i>	13c. NAME OF HUSBAND OR WIFE <i>Agnes Oram</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>708-16-2864</i>	17. INFORMANT Address <i>Mrs. Glen Bradley, Brenton, 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>Arteriosclerotic heart disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4200</i>
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 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.)
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20c. TIME OF INJURY Hour _____ 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
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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Hugh H. Owens Coroner</i>	22b. ADDRESS <i>1034 34th Platte Blv</i>	22c. DATE SIGNED <i>7-30-58</i>
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23a. BURIAL OR CREMATION (Specify) <i>Burial</i>	23b. DATE <i>7-31-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Maple Grove Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Brenton Missouri</i>
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24. FUNERAL DIRECTOR ADDRESS <i>Heiler's Funeral Home 2 E. Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>7-30-58</i>	26. REGISTRAR'S SIGNATURE <i>neva minshall</i>
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION
Owens. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Hugh H.

SEP 17 1958



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 *B E Weibert*

Licensed Embalmer No. *4075*
P. O. Address *KC 8 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.