

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000326

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 120

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Caldwell</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Hamilton</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>D.O.A. Methodist Hosp.</b>			Length of stay in lb <b>D.O.A.</b>		d. STREET ADDRESS (If outside, give location) <b>Hamilton Township</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Zenith</b> Middle <b>Irene</b> Last <b>Orr</b>				4. DATE OF DEATH Month <b>Jan.</b> Day <b>30</b> Year <b>1959</b>					
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>May 30, 1937</b>		9. AGE (In years last birthday) <b>21</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>		11. BIRTHPLACE (City and state or country) <b>Chillicothe, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Eldridge Jameson</b>			13b. MOTHER'S MAIDEN NAME <b>Delcena Agnes Summers</b>			14. NAME OF HUSBAND OR WIFE <b>Paul 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 Address <b>Paul Orr, Hamilton, Missouri</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Traumatic shock + cerebral aneurysm hemorrhage</b>							INTERVAL BETWEEN ONSET AND DEATH <b>at once</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <b>Auto train collision</b> <b>Paul Orr R.R. &amp; Hamilton Mo was enroute Hamilton Mo with family in auto on freight train which struck by freight train</b>							at once		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Do not relate to the terminal illness condition given in Part I)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input checked="" 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 <b>2:15</b> a.m. <b>1-30-59</b> p.m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Rail Road crossing</b>		20f. CITY, TOWN, OR LOCATION <b>Hamilton</b>		COUNTY <b>Caldwell</b>		STATE <b>MO</b>	
21. I attended the deceased from <b>owned by</b> and last saw her alive on <b>1-30-59</b> Death occurred at <b>2:15</b> P. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>Dr. S. E. Meloney M.D. (Coroner)</b>			22b. ADDRESS <b>214 North 1st Bldg</b>			22c. DATE SIGNED <b>2-2-59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Febr. 3, 1959.</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Highland Cemetery</b>		23d. LOCATION (City, town, or county) <b>Hamilton, Missouri</b>		(State)		
24. FUNERAL DIRECTOR <b>Messchaffer-Hagan Inc.</b>			ADDRESS <b>St. Joseph, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Feb. 4, 1959</b>		26. REGISTRAR'S SIGNATURE <b>Wm. Clark Standall</b>		

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. S. E. Meloney

FEB 21 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 *Eric J. Murray* .....  
Licensed Embalmer No. 4679 .....  
P. O. Address ... St. Joseph, 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.