

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008108

STATE FILE NUMBER

FILED MAR 3 1959 Registration District No. 337 Primary Registration District No. 6139 Registrar's No. 17

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| 1. PLACE OF DEATH a. COUNTY Shelby | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shelby | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Black Creek Twsp. | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Shelbina |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pleasant Hill | | Length of stay in lb 20 Months | d. STREET ADDRESS (If outside, give location) Rest Home |
| 3. NAME OF DECEASED (Type or print) First Middle Last Hallie Evelyn Orr | | | 4. DATE OF DEATH Month Day Year February 22, 1959 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Jan. 27, 1886 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 9. AGE (In years last birthday) 73 IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS. |
| 11. BIRTHPLACE (City and state or country) Shelby County, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Edward P. Noel | | 13b. MOTHER'S MAIDEN NAME Hannah Oglesby | |
| 14. NAME OF HUSBAND OR WIFE George W. 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. None | | 17. INFORMANT Address Leslie W. Noel, Shelbina, Missouri | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute pyelonephritis | | | INTERVAL BETWEEN ONSET AND DEATH 24 hours |
| 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) Paralysis due to spinal cord disease, type undetermined | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |
| 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.) 357X | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | |
| 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 COUNTY STATE |
| 21. I attended the deceased from Jan 7 1956 to Feb 1959 and last saw her alive on Feb 22 1959 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) Chas A. Lighty M.D. | | 22b. ADDRESS Shelbina, Missouri | |
| 22c. DATE SIGNED 2/23/59 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 2/23/59 | 23c. NAME OF CEMETERY OR CREMATORY Shelbina IOOF Cemetery | 23d. LOCATION (City, town, or county) (State) Shelbina, Missouri |
| 24. FUNERAL DIRECTOR ADDRESS Hayes Funeral Home, Shelbina, Mo. | | 25. DATE RECD. BY LOCAL REG. 2-24-59 | 26. REGISTRAR'S SIGNATURE Ada Garrison |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Paul E Hayes*

Licensed Embalmer No. 4461

P. O. Address Shelbina, 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.