RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-020767
STATE FILE NUMBER

FILED JUL 13 1959 77

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 197

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DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Jefferson City — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Mary's Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Callaway
c. CITY OR TOWN: Cedar City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MISS Middle EMMA Elizabeth Last ORCHARD

4. DATE OF DEATH: Month July Day 5, Year 1959

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-26-1884
9. AGE (last birthday): 75 — IF UNDER 1 YEAR: Months 0 Days 10 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Own
11. BIRTHPLACE (City and state or country): Tote Sandes, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John Alexander Orchard
13b. MOTHER'S MAIDEN NAME: Martha Halll
14. NAME OF HUSBAND OR WIFE: Never Married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 490-09-4180 ~~None~~
17. INFORMANT: Mrs. Ardie Forbis Address: New Bloomfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): nephroarteriolosclerosis (uremia) — INTERVAL BETWEEN ONSET AND DEATH: ~~[illegible]~~ week –
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): arteriosclerosis generalized
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): multiple limitations
Fracture 12th dorsal vertebra, fracture of wrist

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) rt. (wrist)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
20f. CITY, TOWN, OR LOCATION: Cedar City COUNTY: Callaway STATE: Mo

21. I attended the deceased from June 24 '58, to 7-5-59 and last saw her/him alive on 7-5-59
Death occurred at 10:00 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Leon A Taylor M.D.
22b. ADDRESS: Jefferson City
22c. DATE SIGNED: 7-6-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 7, 1959
23c. NAME OF CEMETERY OR CREMATORY: Union Hill Cemetery
23d. LOCATION (City, town, or county) (State): Callaway Co., Mo.

24. FUNERAL DIRECTOR: Victor Buescher ADDRESS: JCMo
25. DATE RECD. BY LOCAL REG.: 6 July 1959
26. REGISTRAR'S SIGNATURE: R. P. Dorris, M.D. - M.R.

(Licensed Embalmer's Statement on Reverse Side)

US JUL 31 1959

FEB 10 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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Victor Bueche

Signature of Student Embalmer

Licensed Embalmer No. 370

P. O. Address JCM

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.