

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032092

FILED VS SEP 28 1959 132

Registration District No. _____ Primary Registration District No. 3021 Registrar's No. 159

STATE FILE NUMBER

UNDED

DOCUMENT

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY GRUNDY		b. CITY (If outside corporate limits, give TOWNSHIP only) TRENTON		c. CITY OR TOWN GILMAN CITY		d. STREET ADDRESS (If outside, give location) NONE	
Length of stay in lb WEEK		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE WILLIAM ORAM				4. DATE OF DEATH Month Day Year 9 17 59			
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 4-23-1876	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months Days Hours Min. 4 24	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (City and state or country) HARRISON COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME THOMAS ORAM			13b. MOTHER'S MAIDEN NAME NANCY WARD			13. NAME OF HUSBAND OR WIFE GERTRUDE	
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. 198-12-4882		17. INFORMANT Address Gertrude ORAM, Gilman City, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Terminal Pneumonia						about 72 hrs.	
DUE TO (b) Nephritis							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year							
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 <u>June 29-1959</u> to <u>Sept. 17-1959</u> and last saw ^{him} alive on <u>Sept 17-1959</u> Death occurred at <u>7 PM.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>E. H. Cullers, M.D.</i>				22b. ADDRESS TRENTON, MO.		22c. DATE SIGNED 9-19-1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-20-1959	23c. NAME OF CEMETERY OR CREMATORY MASONIC		23d. LOCATION (City, town, or county) (State) GILMAN CITY, MO.		
24. FUNERAL DIRECTOR <i>M. H. Lane</i>		ADDRESS BETHANY, MO.		25. DATE RECD. BY LOCAL REG. CLERK 9/19/59		REGISTRAR'S SIGNATURE <i>J. J. Lane</i>	

BY AFFIDAVIT OF

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 _____
Signature of Student Embalmer

Signed MB Haas

Licensed Embalmer No. 3899

P. O. Address Bethany, Mo

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