

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-020396

FILED VS. MAY 18 1960 278

Primary Registration District No. 3054 Registrar's No. 74

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Pike				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission). a. STATE Mo b. COUNTY Pike					
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Louisiana		Length of stay in lb 6 days		c. CITY OR TOWN Bowling Green		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Pike County Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) 205 E. Main St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last MARLIN EDWIN ORF				4. DATE OF DEATH Month Day Year May 2 1960					
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 July 2 1904	9. AGE (last birthday) 55	IF UNDER 1 YEAR Months 10 Days 0	IF UNDER 24 HR Hours 0 Min. 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant			10b. KIND OF BUSINESS OR INDUSTRY Sporting goods store		11. BIRTHPLACE (City, and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY US		
13a. FATHER'S NAME Stephen Orf			13b. MOTHER'S MAIDEN NAME Margaret Grote			14. NAME OF HUSBAND OR WIFE Iris Orf			
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. #86 38 6312		17. INFORMANT Address Iris Orf, Bowling Green, 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) Acute Congestive Heart Failure							INTERVAL BETWEEN ONSET AND DEATH 15 hrs.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chr. Glom. Nephritis - nephrotic syndrome							2 weeks		
DUE TO (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Universal exfoliative dermatitis; Hypertension						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 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.)							
20c. TIME OF INJURY Hour Month, Day, Year 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	
21. I attended the deceased from 4/26/60 to 5/2/60 and last saw ^{her} him alive on 5/2/60 Death occurred at 6:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) John W. Mudd, M.D.				22b. ADDRESS Louisiana			22c. DATE SIGNED 5/4/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 4 1960	23c. NAME OF CEMETERY OR CREMATORY St. Clement			23d. LOCATION (City, town, or county) (State) St. Clement Mo.				
24. FUNERAL DIRECTOR ADDRESS J.O. Mudd, Bowling Green, Mo.				25. DATE RECD. BY LOCAL REG. May 10-60		26. REGISTRAR'S SIGNATURE Bernice Collier			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 8 1968

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 James O. Muddel

Licensed Embalmer No. 4152

P. O. Address Beverly Co.

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.