

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 27 1960⁵

=60-022260

Registration District No. _____ Primary Registration District No. 5067 Registrar's No. 68 STATE FILE NUMBER

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Barton | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Iantha | | Length of stay in 1b 23 yrs | c. CITY OR TOWN Iantha Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|--|------------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or print) | | | 4. DATE OF DEATH | | |
| First | Middle | Last | Month | Day | Year |
| WILLIAM VERNON ORNDORFF | | | June 24 1960 | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 8/8/1906 | 9. AGE (last birthday) 51/ 53 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired railroad worker, | | 10b. KIND OF BUSINESS OR INDUSTRY Frisco RR | 11. BIRTHPLACE (City and state or country) Lamar, Missouri | | 12. CITIZEN OF WHAT COUNTRY U. S. |
| 13a. FATHER'S NAME William Hubert Orndorff | | 13b. MOTHER'S MAIDEN NAME Edna E. Divine | | 14. NAME OF HUSBAND OR WIFE Lorene Whitworth Cumpton | |
| 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. | | 17. INFORMANT Address Mrs. Lorene Orndorff, Iantha, 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) Colon Cancer | | INTERVAL BETWEEN ONSET AND DEATH 6 Months |
| 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) | | 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 | |
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| 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 **January 1960** to _____ and last saw her alive on **June 15, 60**
Death occurred at **5:25** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

| | | |
|---|-----------------------------|---------------------------------|
| 22a. SIGNATURE D.R. Guedner (Degree or title) M. D. | 22b. ADDRESS L AM AR | 22c. DATE SIGNED 6.25.60 |
|---|-----------------------------|---------------------------------|

| | | | |
|--|----------------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE June 26 1960 | 23c. NAME OF CEMETERY OR CREMATORY Iantha | 23d. LOCATION (City, town, or county) (State) Iantha, Missouri |
|--|----------------------------------|---|--|

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|--|--|---|
| 24. FUNERAL DIRECTOR Konantz Funeral Home, Lamar, Missouri | 25. DATE RECD. BY LOCAL REG. June 25th | 26. REGISTRAR'S SIGNATURE Marie Konantz |
|--|--|---|

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 28 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 _____
Signature of Student Embalmer

Signed Carl J. Kowitz

Licensed Embalmer No. 2247

P. O. Address Camden, Md.

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.