

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 3 1960

-60-027669

Registration District No. 215 Primary Registration District No. 5783 Registrar's No. 9

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>3 mi - W. Brumley</u>		c. CITY OR TOWN <u>ULMAN</u>	
Length of stay in 1b <u>3 yrs</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 mi - W. Brumley</u>		d. STREET ADDRESS (If outside, give location) <u>3 mi - W. Brumley</u>	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Minnie - Elizabeth - Ormord</u>			4. DATE OF DEATH Month Day Year <u>July 18 1960</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>22 March 1881 - 89</u>	9. AGE (last birthday) IF UNDER 1 YEAR Months Days Hours Min. <u>79</u>	IF UNDER 24 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House - wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At - Home</u>	11. BIRTHPLACE (City and state or country) <u>Bay - City - Mich</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>William Sheldon Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Addie - Shepard</u>		14. NAME OF HUSBAND OR WIFE <u>MARSHALL - ORMORD</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>MARSHALL - ORMORD - ULMAN - Mo</u>	

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) <u>SEPSIS DUE TO DEBRIDED ULCER</u>			<u>7 1/2 MONTHS</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>BED RIDDEN</u>			<u>8 MONTHS</u>
DUE TO (c) <u>BROKEN HIP ON 10-2-59</u>			<u>8 MONTHS</u>
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 checked="" 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.) <u>None</u>
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year <u>None</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>
20f. CITY, TOWN, OR LOCATION <u>None</u>		COUNTY STATE
21. I attended the deceased from <u>10-2-60</u> to <u>9-18-60</u> and last saw her alive on <u>12-11-60</u> . Death occurred at <u>4 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <u>M. E. Humphreys DO</u>		22b. ADDRESS <u>Tuscumbia - Mo</u>	22c. DATE SIGNED <u>19 July 1960</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial -</u>	23b. DATE <u>20 July 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Boltz</u>	23d. LOCATION (City, town, or county) <u>Miller - Co. Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>Keith M. Kays</u>		25. DATE RECD. BY LOCAL REG. <u>ELDON Mo. July 26 1960</u>	26. REGISTRAR'S SIGNATURE <u>Jessie Perkins</u>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 4 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

Keith M. Fays

Licensed Embalmer No. 399

P. O. Address Eldon

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