

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040702

FILED VS. OCT 24 1960

323

Primary Registration District No. 4474

Registrar's No. 42

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY SALINE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY LAFAYETTE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SWEET SPRINGS		Length of stay in 1b 10 DAYS	c. CITY OR TOWN CONCORDIA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION COMMUNITY HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 906 BISMARCK ST.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LEO Middle OERDING Last OERDING			4. DATE OF DEATH Month OCT Day 17 Year 1960			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH APRIL 6, 1875	9. AGE (last birthday) 85	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING RETIRED		10b. KIND OF BUSINESS OR INDUSTRY GEN. FARMING	11. BIRTHPLACE (City and state or country) SWEET SPRINGS, MO	12. CITIZEN OF WHAT COUNTRY U.S.A		
13a. FATHER'S NAME HEINRICH OERDING		13b. MOTHER'S MAIDEN NAME CATHERINE ALPERS		14. NAME OF HUSBAND OR WIFE SOPHIA OERDING DEKUNKA		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or upknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NO	17. INFORMANT ALVIN HEERMAN Address CONCORDIA, 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) Myocardial infarction, posterior wall					INTERVAL BETWEEN ONSET AND DEATH 10 days	
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		
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 _____ 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 Apr 5, 1952 to Oct 17, 1960 and last saw him alive on Oct 17, 1960 Death occurred at 7:15 P. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE H. Brady MD (Degree or title)			22b. ADDRESS Concordia, Mo		22c. DATE SIGNED 10/18/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/20/60	23c. NAME OF CEMETERY OR CREMATORY ST. PAUL'S	23d. LOCATION (City, town, or county) CONCORDIA	23e. (State) MO		
24. FUNERAL DIRECTOR E.S. James ADDRESS Concordia Mo		25. DATE RECD. BY LOCAL REG. Oct. 3, 1960	26. REGISTRAR'S SIGNATURE Martha...			

DOCUMENT

MEDICAL CERTIFICATION

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 me, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia,

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.