MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-016778
STATE FILE NUMBER

AMENDED

Registrar's District No. 59 Primary Registration District No. [illegible] Registrar's No. 101

FILED JUN 13 1961

1. PLACE OF DEATH
a. COUNTY Cass
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Harrisonville — Length of stay in 1b: 4 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cass
c. CITY OR TOWN Garden City — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 4 miles west 1½ miles south — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Mabel Middle Claire Last Orr
4. DATE OF DEATH: Month 6 Day 4 Year 1961
5. SEX: female
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5/30/1891
9. AGE (last birthday): 70
IF UNDER 1 YEAR — Months — Days — IF UNDER 24 HR — Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Humansville, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Lucien B. Moon
13b. MOTHER'S MAIDEN NAME: Susan Williams
14. NAME OF HUSBAND OR WIFE: Ford Lyle Orr
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
INFORMANT: Mr. Ford L. Orr Address: Garden City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs
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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1959 to 6-4-61 and last saw her alive on 6-4-61
Death occurred at N/A m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE D. F. Burger (Degree or title) MD
22b. ADDRESS Harrisonville, Mo.
22c. DATE SIGNED June 6, 1961

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/6/1961
23c. NAME OF CEMETERY OR CREMATORY: Garden City Cemetery
23d. LOCATION (City, town, or county) (State): Garden City, Missouri
24. FUNERAL DIRECTOR: Atkinson-Dickey ADDRESS: Garden City, Mo
25. DATE RECD. BY LOCAL REG.: June 6-1961
26. REGISTRAR'S SIGNATURE: Mrs Ray Sebree
(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Robert Atterson

Signature of Student Embalmer

Licensed Embalmer No. 4902

P. O. Address Hammond, In.

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.