ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-027997
STATE FILE NUMBER

AMENDED

Registration District No. 326 Primary Registration District No. _____ Registrar's No. 46

FILED AUG 10 1961

1. PLACE OF DEATH a. COUNTY Scotland	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scotland
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Memphis — Length of stay in 1b	c. CITY OR TOWN Memphis — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits Yes ☐ No ☐	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last Emma Orr			4. DATE OF DEATH Month Day Year August 5, 1961	
5. SEX F	6. COLOR OR RACE W	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 3/17/1876	9. AGE (last birthday) 85 — 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) Brookfield, Ohio	12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Hugh Price	13b. MOTHER'S MAIDEN NAME Caroline Planton		14. NAME OF HUSBAND OR WIFE George Orr	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Eva Anthony	Address Memphis, Mo.

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)	Coronary thrombosis	1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerotic heart disease	10 years
DUE TO (c)	Diabetes	20 years

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 1946, to present and last saw her/him alive on August 5, 1961

Death occurred at 4:15 a.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E.E.Gilfillan, M.D E. E. Gilfillan	22b. ADDRESS Memphis, Missouri	22c. DATE SIGNED 8/8/61

23a. BURIAL, CREMATION, REMOVAL (Specify) [redacted]	23b. DATE 8/7/1961	23c. NAME OF CEMETERY OR CREMATORY Centerville, Iowa Cemetery	23d. LOCATION (City, town, or county) (State) Centerville, Iowa

24. FUNERAL DIRECTOR Guth & Bassett	ADDRESS Memphis Mo	25. DATE RECD. BY LOCAL REG. 8-8-61	26. REGISTRAR'S SIGNATURE Vera G. Turner

(Licensed Embalmer's Statement on Reverse Side)

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 myself, Student Embalmer No. 4258 working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Fred Leith Jr

Licensed Embalmer No. 4258

P. O. Address Memphis

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.