MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-013986
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0017
2 0990
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4 0
5 1
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9 151X
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12 2-2
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 135

FILED MAY 7 1962

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirksville — Length of stay in Ib: 18 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: K.O. Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Scotland
c. CITY OR TOWN: Memphis — 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: Oness Milo Orton

4. DATE OF DEATH Month / Day / Year: April 20, 1962

5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8/11/190[illegible]
9. AGE (last birthday): 57
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): Sheriff of Scotland Co.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Lee County, Iowa
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Will Orton
13b. MOTHER'S MAIDEN NAME: Edith Thomas
14. NAME OF HUSBAND OR WIFE: Fern Orton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of servic[illegible]
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Fern Orton — Address: Memphis, 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): Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Primary carcinoma of the stomach — unknown
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 4-3-62, to 4-20-62 and last saw him alive on 4-20-62
Death occurred at 6.50 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Rose B Thompson (Degree or title) D.O.
22b. ADDRESS: 800 W. Jefferson, Kirksville
22c. DATE SIGNED: 4-24-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: April 23, 1962
23c. NAME OF CEMETERY OR CREMATORY: Memphis Cemetery
23d. LOCATION (City, town, or county) (State): Memphis, Missouri

24. FUNERAL DIRECTOR: Gerth & Baskett — ADDRESS: Memphis Mo.
25. DATE RECD. BY LOCAL REG.: April 28, 1962
26. REGISTRAR'S SIGNATURE: Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

Permit issued April 29, 1962

Ross B. Thompson, D.O.

APR 30 1963

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_____
Signature of Student Embalmer

Signed Fred Leitz

Licensed Embalmer No. 4258

P. O. Address Memphis Mo

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.