

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035942

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registered in Missouri No. 92 Primary Registration District No. 4231 Registrar's No. 41

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10460
21010

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4 0
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9332X

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134-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Shannon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mountain View		Length of stay: In 1b	c. CITY OR TOWN Eminence
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Eminence
3. NAME OF DECEASED (Type or print) First Middle Last Charles Orchard		4. DATE OF DEATH Month Day Year September 18, 1963	
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/19/91
9. AGE (last birthday) 71		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) Retired?		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Eminence, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME James S. Orchard	
13b. MOTHER'S MAIDEN NAME Sarah Chilton		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Shannon L. Orchard Florissant, 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) Cerebral Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 3 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) Uremia, Arteriosclerotic Heart Disease.			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 9-14-63 to 9-17-63 and last saw him alive on 9-17-63 Death occurred at 2:10 am on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS M.D. Mtn. View, Mo.	22c. DATE SIGNED 9-19-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/20/63	23c. NAME OF CEMETERY OR CREMATORY New Eminence, Cem.
23d. LOCATION (City, town, or county) Eminence, Missouri		24. FUNERAL DIRECTOR ADDRESS Duncan Funeral Home Mtn. View, Mo.	
25. DATE RECD. BY LOCAL REG. 9-21-1963		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

USE BLACK INK OR TYPEWRITER RIBBON

11-18-63

Burial Permit issued 9-18-1963

To Dr. 5: P.M. 9/18/63

Rec'd from Dr. 11:A.M. 9/21/63

To Local Reg. 11:A.M. 9/21/63

8961 6 100

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

Charles D. Partin

Licensed Embalmer No. 5187

P. O. Address W. H. Miller, 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.