

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 20031176 DATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

PLACE OF DEATH
a. COUNTY Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Windsor, Missouri

Length of stay in 1b
1 1/2 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Windsor Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Pettis

c. CITY OR TOWN Route # 2, Windsor, Mo. Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
Windsor, Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print) First Karin Middle Cecelia Last Orr

4. DATE OF DEATH
Month Sept. Day 7 Year 1964

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
9/25/1882

9. AGE (last birthday)
82

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)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Clinton Iowa

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME
Charles Nyberg

13b. MOTHER'S MAIDEN NAME
Anna (Unknown)

14. NAME OF HUSBAND OR WIFE
Floyd Eldon Orr

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
None

17. INFORMANT
Floyd Eldon Orr, Rt. 2, Windsor, 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) Acute Cardiovascular collapse
DUE TO (b) Arteriosclerosis & Hypertensive Heart Disease
DUE TO (c) Intestinal Obstruction due to Adhesions

INTERVAL BETWEEN ONSET AND DEATH
6-8 hrs.
8 yrs.
36 hrs.

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 7:30 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 6-18-56 to 9-7-64 and last saw her alive on 9-7-64
Death occurred at 7:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Gaude M. Shurber, M.D.

22b. ADDRESS Windsor, Mo. 22c. DATE SIGNED 9-9-64

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
Sept. 9, 1964

23c. NAME OF CEMETERY OR CREMATORY
Andrews Cemetery

23d. LOCATION (City, town, or county) (State)
Andrew, Iowa

24. FUNERAL DIRECTOR
Clifford Gouge
Gouge Funeral Home, Windsor, Mo.

25. DATE RECD. BY LOCAL REG.
Sept. 8, 1964

26. REGISTRAR'S SIGNATURE
Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

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 _____

Licensed Embalmer No. 5014

P. O. Address Windsor, 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.