

STANDARD CERTIFICATE OF DEATH

551

State File No.

FILED JAN 22 1954

BIRTH NO.		REG. DIST. NO. <u>62</u>		PRIMARY REG. DIST. NO. <u>5238</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jefferson Twp</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jefferson Twp.</u>			
c. LENGTH OF STAY (in this place) <u>47 yrs</u>				d. STREET ADDRESS (If rural, give location) <u>R. #3 Humansville</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION							
3. NAME OF DECEASED (Type or Print) <u>Calvin</u>		a. (First)		b. (Middle) <u>C.</u>		c. (Last) <u>Orr</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>4</u> <u>54</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Nov. 1, 1869</u>		9. AGE (in years last birthday) <u>84</u>		10. IF UNDER 1 YEAR Months <u>2</u> Days <u>3</u>		11. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) <u>Moorfield, Ind.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>Joseph Orr</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Leap</u>		14. NAME OF HUSBAND OR WIFE <u>Susanna</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>65---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Susanna Orr, Humansville, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic hypertension</u> ANTECEDENT CAUSES <u>Cardio-vascular disease</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Secondary anemia</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>yes</u> <u>yes</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		22. 293 X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11-24</u> , 19 <u>53</u> , to <u>1-</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>1-3</u> , 19 <u>54</u> , and that death occurred at <u>1:30 Pm</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. B. Rutter MD</u>				23b. ADDRESS <u>Stockton Mo</u>		23c. DATE SIGNED <u>1-6-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/6/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Alder Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cedar County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-15-54</u>		REGISTRAR'S SIGNATURE <u>Geneva Harrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Beckwith Funeral Home, Humansville</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mar 1 1934

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
Student Embalmer

Signed O. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Humansville 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 this body is not embalmed, fact should be so stated above.