

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29374

State File No.

S. No. 300
Ev. 10.48

FILED AUG 24 1953

BIRTH NO.		REG. DIST. NO. <u>225</u>		PRIMARY REG. DIST. NO. <u>5797</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Moniteau</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Moniteau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Willow Fork</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY OR TOWN <u>Tipton R.F.D.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 Miles N.W. Tipton</u>				e. STREET ADDRESS (If rural, give location) <u>4 Miles N.W. Tipton</u>			
3. NAME OF DECEASED (Type or Print) <u>Caroline Orscheln</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 19, 1953</u>			
a. (First)		b. (Middle)		c. (Last)			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 7th, 1870</u>	
9. AGE (In years or birthday) <u>83</u>		IF UNDER 1 YEAR Months		IF UNDER 11 HRS. Days		Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Tipton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Peter Joseph Schmidt</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Koechner</u>			14. NAME OF HUSBAND OR WIFE <u>Charley Orscheln</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ott Orscheln, Tipton, Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary insufficiency</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>			
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				II. OTHER SIGNIFICANT CONDITIONS			
ANTECEDENT CAUSES				DUE TO (b) <u>Hypertension</u>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)			
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
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>2/1, 1952</u> , to <u>8/19, 1953</u> , that I last saw the deceased alive on <u>8-19-</u> , 1953, and that death occurred at <u>8:45 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. F. Potts M.D.</u>				23b. ADDRESS <u>Tipton, Mo.</u>		23c. DATE SIGNED <u>8/20/53</u>	
24a. BURIAL OR CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 21, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Tipton, Mo.</u>	
DATE RECD BY LOCAL REG. <u>Aug. 21-1953</u>		REGISTRAR'S SIGNATURE <u>Mrs. Maude Hudson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Richard</u>		ADDRESS <u>TIPTON, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0680

DEC 4 1953

NOV 9 1954

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 *Jewell E. Richards*

Licensed Embalmer No. *2466*

P. O. Address *Lipton, Md*

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.