

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36587**

BIRTH NO. _____		REG. DIST. NO. <b>225</b>		PRIMARY REG. DIST. NO. <b>5797</b>		Registrar's No. <b>12</b>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>Moniteau</b>		b. CITY (If outside corporate limits, write RURAL and give town(ship)) <b>Rural, Willow Fork</b>		c. LENGTH OF STAY (in this place) <b>66yrs</b>		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 <b>8 miles N.W. Tipton</b>				e. STREET ADDRESS (If rural, give location) <b>3 Miles N.W. Tipton</b>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <b>Charles</b>		b. (Middle) <b>John Orscheln</b>		c. (Last) <b>Orscheln</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 28th. 1953</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Sept. 7th. 1866</b>	
9. AGE (In years last birthday) <b>87</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 18 YRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Loose Creek, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>Karl Orscheln</b>		13b. MOTHER'S MAIDEN NAME <b>Josepha Schmitz</b>		14. NAME OF HUSBAND OR WIFE <b>Caroline Orscheln (Dead)</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Joseph Orscheln, Tipton, Missouri</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Deficiency</b>				<b>1 hr</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Malignancy, liver</b>				<b>6 mo</b>	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>1561</b>				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <b>Apr 23, 1889</b> , to <b>Oct 28, 1953</b> , that I last saw the deceased alive on <b>10/28, 1953</b> and that death occurred at <b>5:28 Am.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>C. F. Potts M.D.</b>				23b. ADDRESS <b>Tipton, Mo</b>		23c. DATE SIGNED <b>10/28/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 30. 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Catholic Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Tipton, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Oct. 30-1953</b>		REGISTRAR'S SIGNATURE <b>Mrs. Maude Hudson</b>		203-0 <b>Funeral Director's Signature</b> <b>J. E. Richardson</b>		ADDRESS <b>Tipton, Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

0650

APR 2 1954

APR 2 1954

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 *Jessie E. Richardson*  
Licensed Embalmer No. *2460*  
P. O. Address *Lipton*

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.