

FILED JUN 1 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

18853

State File No. 310 Registrar's No. 10

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4515

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION.		d. STREET ADDRESS (If rural, give location) <u>g</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Dorner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-12-1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>4-5-1862</u>
9. AGE (In years) (last birthday) <u>87</u>		# UNDER 1 YEAR Months <u>1</u> Days <u>7</u>	# 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>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Parrington - Ill.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Geo Phillips</u>	
13b. MOTHER'S MAIDEN NAME <u>Malinda W. Kency</u>		14. NAME OF HUSBAND OR WIFE <u>Thos. Dorner - dead</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Carl Ward</u>		ADDRESS <u>Milan 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac incompetence</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Fracture of hip about 6 or 6 weeks ago treated at <u>St. Ann Smith Hosp, Kirkville Mo.</u>	
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)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5-2</u> , 19 <u>47</u> , to <u>5-12</u> , 19 <u>47</u> , that I last saw the deceased alive on <u>4-25</u> , 19 <u>49</u> , and that death occurred at <u>12 4 32 m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. S. Montgomery M.D.</u>		23b. ADDRESS <u>Milan Mo.</u>	
23c. DATE SIGNED <u>5-18-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-14-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Pollock Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pollock - Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 24 1949</u>		REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Dwight Scherer</u>		ADDRESS <u></u>	

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

RECEIVED

District Health Officer No. 10

District File Number 5-89-960

Date Filed MAY 31 1949

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.

Signed Dwight Rehm.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2667.....

P. O. Address Milan - Ill......

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.