

FILED JUL 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24430

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 284 PRIMARY REG. DIST. NO. 6008 Registrar's No. 160

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Hancock</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Prairie</u>	c. LENGTH OF STAY (In this place) <u>none</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Warsaw Illinois</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 13 - 2 1/2 miles S. Clark</u>		d. STREET ADDRESS (If rural, give location) <u>—</u>	

3. NAME OF DECEASED. (Type or Print) a. (First) <u>FLORENCE</u> b. (Middle) <u>Luella</u> c. (Last) <u>CLARK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July - 18 - 1949</u>
--	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single (Married)</u>	8. DATE OF BIRTH <u>July - 28 - 1895</u>	9. AGE (In years) Last birthday Months Days Hours Min. <u>53 11 20</u>
-------------------------	----------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>no</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>Carthage Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
--	---	---	---

13a. FATHER'S NAME <u>George W. Dorsey</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah A. O'Donnell</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>482-32-7085</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sarah Land</u>	ADDRESS <u>1600 Canal St. Keokuk 25</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Skull</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>8234</u>  <u>32</u>
	ANTECEDENT CAUSES  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 13 - 2 1/2 miles S. Clark</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Warsaw</u> (COUNTY) <u>Hancock</u> (STATE) <u>Illinois</u>
---	--	--

21d. TIME OF INJURY <u>July - 18 - 1949 5:15A</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Caused by car leaving Pavement</u>
--	---	---

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 5:15A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edna E. Bannan</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Warner</u>	23c. DATE SIGNED <u>July 18 1949</u>
---	-------------------------------------	-------------------------------	---

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July - 21 - 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Moss Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Carthage Illinois</u>
--	------------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>July 21 - 49</u>	REGISTRAR'S SIGNATURE <u>Seal</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Seal</u>	ADDRESS <u>Funeral Home Warner Mo.</u>
---	--------------------------------------	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 25 1949  
District Health Officer No. 10  
District File Number 7-49-128  
Date Filed JUL 25 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.....  
Student Embalmer

Signed.....

Licensed Embalmer No. 4117

P. O. Address Matherly 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.