

FILED AUG 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29079

BIRTH NO. _____ REG. DIST. NO. 359 PRIMARY REG. DIST. NO. 6220 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Vernon Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>CALIFORNIA</u> b. COUNTY <u>Palmdale</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Twenty nine Palms</u>	
c. LENGTH OF STAY (In this place) <u>7</u>		d. STREET ADDRESS (If rural, give location) <u>Twenty nine Palms Calif</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 mi S.W. of Verdugo</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Shirley</u> b. (Middle) <u>June</u> c. (Last) <u>Dorsey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 5 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Sept-15-1930</u>
9. AGE (In years last birthday) <u>18</u>		10. AGE (In years last birthday) <u>18</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Gene Dorsey</u>		13b. MOTHER'S MAIDEN NAME <u>Alma Hawkins</u>	
14. NAME OF HUSBAND OR WIFE <u>Simple</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or detailed service) <u>No</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alma Hawkins</u> ADDRESS <u>20801</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>Acute anterior poliomyelitis,</u> DUE TO (b) <u>The virus of "Polio",</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <u>None that I know of.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>No operation.</u>	
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>8/2/</u> , 1949, to <u>8/5/</u> , 1949, that I last saw the deceased alive on <u>8/3/</u> , 1949, and that death occurred at <u>5: 30</u> a.m., from the causes and on the date stated above.	
23a. SIGNATURE <u>F.C. Albright</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Garland, Kans.</u>	
23c. DATE SIGNED <u>8/8/49.</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>Aug. 6-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn</u>	
24d. LOCATION (City, town, or county) (State) <u>708 So. 7th. Kans.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Hoffine</u> ADDRESS <u>Goldman</u>	
DATE REC'D BY LOCAL REG. <u>8/12/49</u>		REGISTRAR'S SIGNATURE <u>Ruth Faith</u> 330	

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

RECEIVED

District Health Officer No. 7,

District File Number 7-49-1007

Date Filed 8-23-49

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 B. O. Huffine

Signed _____

Student Embalmer

Licensed Embalmer No. 2030

P. O. Address Goodland Road

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.