

FILED JAN 28 1950

STANDARD CERTIFICATE OF DEATH

State File No. 43840

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 227 Registrar's No. 222

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. LENGTH OF STAY (in this place) 7 Years	
d. FULL NAME OF HOSPITAL OR INSTITUTION 219 S. Roane		d. STREET ADDRESS (If rural, give location) 219 S. Roane	
3. NAME OF DECEASED (Type or Print) a. (First) Lee b. (Middle) Dorland c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Dec. 29, 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 25, 1884
9. AGE (in years last birthday) 65		10. MONTHS 3	11. DAYS 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Interior decorator		10b. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (State or foreign country) Newton County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Unknown	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mrs. Eva Dorland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT'S SIGNATURE OR NAME Eva Dorland		ADDRESS 219 S. Roane, Webb City	
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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 20 Min. Unknown 4201	
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 12/28 , 19 49 , to 12/28 , 19 49 , that I last saw the deceased alive on 12/28 , 19 49 , and that death occurred at 8:50A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. H. Ferguson M.D.		23b. ADDRESS Elks Building Webb City, Mo	
23c. DATE SIGNED 12/30/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 1, 1950	
24c. NAME OF CEMETERY OR CREMATORY Van Buren Cemetery		24d. LOCATION (City, town, or county) (State) Ritchie, Missouri	
DATE REC'D BY LOCAL REG. Dec 30/49		REGISTRAR'S SIGNATURE D. L. Tuttle M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Johnston-Arnce-Simpson		ADDRESS Webb City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1-16-50
Jasper County Health Office
County File Number 49-12-1028
Date Filed 1-24-50

JAN 30 1950

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
Student Embalmer

Signed Harvey E. Amie

Licensed Embalmer No. 4463

P. O. Address Wesley City 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.