

J. Osburn  
FILED JAN 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1938

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Demissot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before ad. death) a. STATE <u>Missouri</u> b. COUNTY <u>Demissot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wayti</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wayti</u> 0781	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Halter</u> b. (Middle) <u>Timothy</u> c. (Last) <u>Dorris</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 5 1950</u>		
5. SEX <u>Male</u>		6. COLOR OF RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>Aug 24 1897</u>		9. AGE (In years last birthday) <u>52</u>		10. UNDER 1 YEAR Months <u>4</u> Days <u>11</u>	
11. BIRTHPLACE (State or foreign country) <u>Demissot County Tenn</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY			

13a. FATHER'S NAME <u>John L. Dorris</u>		13b. MOTHER'S MAIDEN NAME <u>Maggie O'Boyle</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>I</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Dorris</u>	
				ADDRESS <u>Wayti, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>None</u>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
*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>Unknown - This person</u>		<u>1955</u>	
		ANTECEDENT CAUSES		<u>found dead in his home.</u>			
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.		<u>None</u>			
		II. OTHER SIGNIFICANT CONDITIONS		<u>No foul play</u>			
		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 type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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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 \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James A. Osburn Coroner</u>		23b. ADDRESS <u>Wardell, Mo.</u>		23c. DATE SIGNED <u>1-7-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-7-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>		24d. LOCATION (City, town, or county) (State) <u>Wayti Mo</u>	
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DATE REC'D BY LOCAL REG. <u>1-16-50</u>		REGISTRAR'S SIGNATURE <u>John St. German</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John St. German</u>		ADDRESS <u>Wayti, Mo</u>	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

781

1-50-30

FILED I O RECORD

JAN 17 RECD

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 John H. German

Signed.....  
Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.