

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

12254

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 4087 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Carter</u>		2. USUAL RESIDENCE (Where deceased lived; if institutional, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Carter</u>	
b. CITY OR TOWN <u>Van Buren</u>	c. LENGTH OF STAY (In this place) <u>8 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Van Buren - 0180</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>own home</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sanford</u> b. (Middle) <u>Priest</u> c. (Last) <u>Dorris</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 20 1950</u>		
5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct 4 1891</u>	9. AGE (In years last birthday) <u>58</u> <small>IF UNDER 1 YEAR: Months Days</small> <small>IF UNDER 2 HRS: Hours Min.</small>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>lumber worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>saw mill</u>		11. BIRTHPLACE (State or foreign country) <u>Carter Co Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Siva Dorris</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Alma Dorris</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>491-16-5133</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alma Dorris Van Buren 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Permissive Anemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 yrs</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 type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to 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 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 5-27, 1942, to 4-20, 1950, that I last saw the deceased alive on 4-15, 1950 and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank J. Ruzinski, D.O.</u>		23b. ADDRESS <u>Van Buren Mo.</u>		23c. DATE SIGNED <u>4-26-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>4-22-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brame</u>		24d. LOCATION (City, town, or county) (State) <u>Carter Co Mo.</u>	

DATE REC'D BY LOCAL REG. <u>April 26-50</u>	REGISTRAR'S SIGNATURE <u>Mrs Oeta Henson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Seaton Pruitt</u>	ADDRESS <u>Van Buren Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0180

RECEIVED

4-28-50

District Health Officer No. 5,

District File Number 550-253

Date Filed 5-2-50

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 Seaton Perwitt

Licensed Embalmer No. 2287

P. O. Address Van Buren In

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.