

FILED SEP 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26480

BIRTH NO. _____		REG. DIST. NO. 107		PRIMARY REG. DIST. NO. 3079		Registrar's No. 103							
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Dunklin</u>									
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Kennett</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		0337							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home-413 Randle Street</u>				d. STREET ADDRESS (If rural, give location) <u>413 413 Randle</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Etta</u>			b. (Middle) _____		c. (Last) <u>Dorris</u>		4. DATE OF DEATH (Month) <u>9</u> (Day) <u>4</u> (Year) <u>50</u>						
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>7-31-1895</u>		9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>4</u>		IF UNDER 24 HRS. Hour <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>USA</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Walter Clay</u>				13b. MOTHER'S MAIDEN NAME <u>Anna West</u>				14. NAME OF HUSBAND OR WIFE <u>Adam 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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Adam Dorris . Kennett, Mo-413 Randle</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestine as Obstruction</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Cause undetermined</u> DUE TO (c) <u>(Supp. report)</u> II. OTHER SIGNIFICANT CONDITIONS. <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>								INTERVAL BETWEEN ONSET AND DEATH <u>2 Days</u>  <u>5705</u> <u>X</u>			
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) _____ m. _____		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>9-2</u> , 19 <u>50</u> , to <u>9-4</u> , 19 <u>50</u> that I last saw the deceased alive on <u>9-4</u> , 19 <u>50</u> , and that death occurred at <u>4:30</u> m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>Paul Beldewyn M.D.</u>						23b. ADDRESS <u>Kennett Mo</u>			23c. DATE SIGNED <u>9-5-1950</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-5-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>Caruth Dunklin Co. Mo</u>					
DATE REC'D BY LOCAL REG. <u>9-5-1950</u>		REGISTRAR'S SIGNATURE <u>Carl Hubbar</u>				30 <u>Lentz Service</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kennett, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

352

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT ..... 9-11-50 .....

COUNTY FILE NUMBER 950-257

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.