

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27156

State File No. _____

FILED AUG 21 1950

3360

BIRTH NO. 46739-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Mo.</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Childrens Mercy Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan</u> <u>X</u> <u>1050</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lloyd</u> b. (Middle) <u>Engine</u> c. (Last) <u>Van Dorn</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-28-50</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>7-21-50</u>
9. AGE (In years last birthday) _____ IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 MRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>Milan Missouri</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 _____	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Lloyd Van Dorn</u>		13b. MOTHER'S MAIDEN NAME <u>Arvilla Templeton</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give way or dates of service) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Lloyd Van Dorn</u> ADDRESS <u>Milan 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.			
MEDICAL CERTIFICATION.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atresia & sphages Congenital</u>			
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 checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21a. 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) _____		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>7-25</u> , 19 <u>50</u> , to <u>7-28</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>7-28</u> , 19 <u>50</u> , and that death occurred at <u>2:55</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE OF MD <u>H.M. Gilkey</u>		23b. ADDRESS <u>1624 Pruit R. Bldg</u>	
(Degree or title) _____		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7-28-50</u>	
24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Seymour, Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-5-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Geraldine Holmes</u>		ADDRESS <u>Seymour, Mo</u>	

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

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 _____

Not Embalmed

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.