

FILED MAR 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7192

BIRTH NO. _____		REG. DIST. NO. 326		PRIMARY REG. DIST. NO. 6107		Registrar's No. 24	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Scotland Co		b. CITY (If outside corporate limits, write RURAL and give township) Arbela		a. STATE Mo		b. COUNTY Scotland	
c. LENGTH OF STAY (in this place) 36 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Arbela		d. STREET ADDRESS (If rural, give location)		0993	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) MAGGIE E			b. (Middle) DORSEY			c. (Last) DORSEY	
6. COLOR OR RACE white			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow			8. DATE OF BIRTH Aug 21 1874	
9. AGE (In years last birthday) 76			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			11. BIRTH PLACE (State or foreign country) Scotland Co	
10a. USUAL OCCUPATION			10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Harney Finley		13b. MOTHER'S MAIDEN NAME Margaret Whitty		14. NAME OF HUSBAND OR WIFE John Dorsey			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Elmer Dorsey Loran Mo			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis 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.				INTERVAL BETWEEN ONSET AND DEATH 0	
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., 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 Sept 1, 1950, to Feb 5, 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:40 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title)				23b. ADDRESS		23c. DATE SIGNED 2/5/51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Feb 9 1951		24c. NAME OF CEMETERY OR CREMATORY Nichols Grove		24d. LOCATION (City, town, or county) (State) Arbela Mo	
DATE REC'D BY LOCAL REG. 2/8/51		REGISTRAR'S SIGNATURE JTA Baker 467		25. FUNERAL DIRECTOR'S SIGNATURE Gertha Baskett Memphis Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: MAR 12
DISTRICT HEALTH OFFICE #
District File Number 3-51
Date Filed: MAR 13 1951

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 Albert C Gertz

Licensed Embalmer No. 4257

P. O. Address Memphis 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.