

FILED JUN 29 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 19292

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>164</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kirksville</u>		c. LENGTH OF STAY (In this place) <u>24 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kirksville</u>		0013	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trin Smith Memorial Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>1029 N EDGAR</u>			
3. NAME OF DECEASED (Type or Print) <u>FRANK</u>		a. (First)		b. (Middle)		c. (Last)	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Oct 29 1886</u>	
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 11 HRS. Hours _____ Min. _____		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 13 1951</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>grocer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ret.</u>		11. BIRTHPLACE (State or foreign country) <u>Sullivan County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>MONROE DORMER</u>		13b. MOTHER'S MAIDEN NAME <u>MAUDE NEWELL</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Daisy Dormer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME / ADDRESS <u>Mrs Frank Dormer, 1111 S. Waco, Wichita, Kans.</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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) - <u>Myocardial failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) - <u>Respiratory failure</u> DUE TO (c) - <u>Central nervous system disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Loss of equilibrium - Incontinent anal &amp; Bladder sphincter</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Terminal</u> <u>1 hr</u> <u>5 yrs</u> <u>3 yrs</u>	
19a. DATE OF OPERATION <u>6/14/51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Operation not started</u>				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)		026X	
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>6-12-</u> , 1951, to <u>6-13-</u> , 1951, that I last saw the deceased alive on <u>6-13-</u> , 1951, and that death occurred at <u>11:23A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>George E. Brown</u>				23b. ADDRESS <u>M.D. Kirksville, Mo</u>		23c. DATE SIGNED <u>6/14/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>6-15-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Plainview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sullivan Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-15-51</u>		REGISTRAR'S SIGNATURE <u>Wate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS <u>Robert B. Davis Kirksville, Mo</u>			

(Licensed Embelmer's Statement on Reverse Side)

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

Date Received: JUN 18 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 6-57-111  
Date Filed: JUN 19 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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed *Robert B. Davis*  
Student Embalmer No.....

Licensed Embalmer No. *4219*  
P. O. Address *Leiksville, 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.