

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32401**

FILED OCT 11 1951

BIRTH NO. _____ REG. DIST. NO. **375** PRIMARY REG. DIST. NO. **6283** Registrar's No. **36**

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Elk Creek		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Elk Creek	
c. LENGTH OF STAY (In this place) 67 yrs		d. STREET ADDRESS (If rural, give location) 14 mi. North HARTVILLE	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 14 mi. North HARTVILLE		d. STREET ADDRESS (If rural, give location) 14 mi. North HARTVILLE	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Cornelius c. (Last) DORRIS		4. DATE OF DEATH (Month) (Day) (Year) 9 - 16 - 1951	
5. SEX Mo	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 2-18-1884
9. AGE (In years last birthday) 67		10. MONTHS 6	11. DAYS 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Wright County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME GREEN DORRIS		13b. MOTHER'S MAIDEN NAME Callie Burns	
14. NAME OF HUSBAND OR WIFE Ethel Dorris			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Ethel Dorris		ADDRESS HARTVILLE, 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 Diabetes 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) _____ 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 260X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Wright County, Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 12, 1951 , to Sept 12, 1951 , that I last saw the deceased alive on Sept 17th, 1951 , and that death occurred at 8:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE J. H. Hargrave (Degree or title)		23b. ADDRESS Shreve Springs	
23c. DATE SIGNED 9-16-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-18-1951	
24c. NAME OF CEMETERY OR CREMATORY New Home Cemetery		24d. LOCATION (City, town, or county) (State) Wright County, Mo.	
DATE REC'D BY LOCAL REG. Sept. 28, 1951		REGISTRAR'S SIGNATURE B. Garner 346	
25. FUNERAL DIRECTOR'S SIGNATURE Gene E. Halden		ADDRESS Hartsville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

WRIGHT CO. HEALTH DEPT.
County File Number 1057-100
Date Filed Oct. 6, 1937

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 Gene E. Halden

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.