

FILED NOV 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40373**

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

BIRTH NO. _____		REG. DIST. NO. <u>326</u>		PRIMARY REG. DIST. NO. <u>4481</u>		Registrar's No. <u>52</u>	
1. PLACE OF DEATH a. COUNTY <u>Scotland 0990</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Scotland</u>			
b. CITY OR TOWN <u>Gorin</u>		c. LENGTH OF STAY (in this place) <u>40 yrs</u>		c. CITY OR TOWN <u>Gorin 0990</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) <u>JOSEPH E. DORSEY</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 24 1951</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 1 1866</u>		9. AGE (In years last birthday) <u>85</u>	if UNDER 1 YEAR Months <u>9</u> Days <u>23</u>	if UNDER 2 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Med Chant</u>		11. BIRTHPLACE (State or foreign country) <u>Clark Co. MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Andrew Dorsey</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Liddeon</u>		14. NAME OF HUSBAND OR WIFE <u>Eliza L. Dorsey</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>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rolley Dorsey</u> ADDRESS <u>Gorin MO</u>			
18. CAUSE OF DEATH Enter only <u>one</u> 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>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Glomerular Nephritis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of Ears</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 years</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)		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>January, 1943</u> , to <u>Oct 19, 1951</u> , that I last saw the deceased alive on <u>Oct 18, 1951</u> , and that death occurred at <u>5:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. C.M. Simler D.O.</u>				23b. ADDRESS <u>Gorin MO</u>		23c. DATE SIGNED <u>Oct 26, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 26 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memphis Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Memphis MO</u>		
DATE REC'D BY LOCAL REG. <u>10/29/51</u>		REGISTRAR'S SIGNATURE <u>OTRBaker 407</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Beth Bonnett</u> ADDRESS <u>Memphis MO</u>			

JAN 7 1959

Date Received: NOV 19 1958  
DISTRICT HEALTH OFFICE #2  
District File Number 11-51-2088  
Date Filed: NOV 20 1958

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. Gerth

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.