.S. No. 300
ev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35831

FILED OCT 28 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4915

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Administration Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Vernon
c. CITY OR TOWN: Nevada
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 828 N. West St.

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3. NAME OF DECEASED (Type or Print)
a. (First): Arthur
b. (Middle): Albert
c. (Last): DORRIS

4. DATE OF DEATH (Month) (Day) (Year): October 11, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 3
8. DATE OF BIRTH: July 31, 1891
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (City and State or Foreign Country): Pittsburg, Kansas /
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John W. Dorris
13b. MOTHER'S MAIDEN NAME: Janie Ulles
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 365 16 9491
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: VA Hospital Records, Kansas City, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Primary Carcinoma of the lung, Metastases to liver, spleen, adrenal glands, kidneys, mesenteric glands and brain. — INTERVAL BETWEEN ONSET AND DEATH: Probably 6 months.

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.

162.X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October 5, *1953*, *to* October 11, *1953*, ~~that I last saw the deceased alive on~~ *and that death occurred at* 7:00p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Otis True, M.D.
23b. ADDRESS: VA Hospital, Kansas City, Mo.
23c. DATE SIGNED: 10-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: OCT-12-1953
24c. NAME OF CEMETERY OR ~~CREMATORY~~: MT. OLIVE CEMETERY
24d. LOCATION (City, town, or county) (State): PITTSBURG KANSAS

DATE REC'D BY LOCAL REG.: 10-13-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: O.H. Newcomer Sons
ADDRESS: 1331 BRUSH CREEK KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Basil T. Haney

Licensed Embalmer No. 472

P. O. Address Pasblan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.