

FILED JUN 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18498**

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

BIRTH NO. _____		REG. DIST. NO. 116		PRIMARY REG. DIST. NO. 3020		Registrar's No. 98	
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Washington		c. LENGTH OF STAY (in this place) 4 hrs		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital				e. STREET ADDRESS (If rural, give location) 4017 Prospect Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) Dorothy		b. (Middle) _____		c. (Last) Voorhies		4. DATE OF DEATH (Month) (Day) (Year) June 20, 1954	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 30, 1928	
9. AGE (in years last birthday) 25		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 MIN. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress				10b. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
13a. FATHER'S NAME Miles Leath		13b. MOTHER'S MAIDEN NAME Anna Adams		14. NAME OF HUSBAND OR WIFE David Voorhies			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS David Voorhies 4017 Prospect, K. Co. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) In auto accident ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fractured skull & Internal Injuries 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	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES ☐ NO ☐	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident Highway #55		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc., etc.) Highway #55		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Union Franklin Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 20 1954 m.	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? Lost control of Car					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased live on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Ernest R. Ottmann		(degree or title) Cornet		23b. ADDRESS Geisell Mo.		23c. DATE SIGNED 6-20-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-23-54		24c. NAME OF CEMETERY OR CREMATORY Stanton Cemetery		24d. LOCATION (City, town, or county) (State) Stanton, Mo.	
DATE REC'D BY LOCAL REG. 6/21/54		REGISTRAR'S SIGNATURE J. P. Steinhilber		25. FUNERAL DIRECTOR'S SIGNATURE Casey Bros		ADDRESS St. Clair, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 360

P. O. Address St. Paul

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.