S. No. 300
Rev. 10.48

FILED JUL 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19569

State File No.

581
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BIRTH NO. REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 49

1. PLACE OF DEATH
a. COUNTY: LINN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MARCELINE
c. LENGTH OF STAY (in this place): 2 WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. FRANCIS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: LINN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MARCELINE 6581
d. STREET ADDRESS (If rural, give location): W. WALKER 0

3. NAME OF DECEASED (Type or Print)
a. (First): Hannah
b. (Middle): Cook
c. (Last): DORRELL

4. DATE OF DEATH (Month) (Day) (Year): 6 - 28 - 54

5. SEX: F 1

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 11-1-1892

9. AGE (In years last birthday): 61
If under 1 year: Months 7 Days 27
If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NURSING HOME

10b. KIND OF BUSINESS OR INDUSTRY: NURSING

11. BIRTHPLACE (City and State or Foreign Country): St. Joseph, Mo 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Walter Cook

13b. MOTHER'S MAIDEN NAME: Elizabeth Despain

14. NAME OF HUSBAND OR WIFE: Charles Dorrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME: St. Francis Hosp - MARCELINE, Mo
ADDRESS

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) Carcinoma of pancreas — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

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: 157X

20. AUTOPSY? YES ☐ 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 Jan 1, 1954, to June 28 1954, that I last saw the deceased alive on June 28, 1954, and that death occurred at 9.00 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Paul T. Berry MD

23b. ADDRESS: Marceline MO

23c. DATE SIGNED: 6/30/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6-30-54

24c. NAME OF CEMETERY OR CREMATORY: Roselawn

24d. LOCATION (City, town, or county) (State): Marceline, Mo

DATE REC'D BY LOCAL REG.: 6-30-54

REGISTRAR'S SIGNATURE: Mary Jane Ridgway 401 0

25. FUNERAL DIRECTOR'S SIGNATURE: Jas. M. Laughlin
ADDRESS: Marceline, Mo

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

DEC 2 1956

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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 George R. Cammell

Licensed Embalmer No. 1425

P. O. Address Moberlie, 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.