

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 14 1955

No. 300

330
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6152 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Dexter, Liberty Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Rural (Liberty)</u> <u>1030</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>R.F.D. #1, Dexter, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Davis Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jerry</u>		b. (Middle) <u>Dewaine</u>	
		c. (Last) <u>Dorris</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 28, 1955</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Aug. 12, 1943</u>
9. AGE (In years last birthday) <u>11</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>16</u>	IF UNDER 1000 Hours <u>16</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Bernie, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Noah Dorris</u>		13b. MOTHER'S MAIDEN NAME <u>Wilma Jean Whitehead</u>	
14. NAME OF HUSBAND OR WIFE <u>none</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>none</u>	
17. INFORMANT'S SIGNATURE AND ADDRESS <u>Noah Dorris, R.F.D. #1, Dexter, Mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>3rd degree burns of body.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 hours</u>	
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	
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>May 27, 1955</u> , to <u>May 28, 1955</u> , that I last saw the deceased alive on <u>May 28, 1955</u> , and that death occurred at <u>2:15 p.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>A. Gomeau</u>		23b. ADDRESS <u>Malden, Missouri</u>	
23c. DATE SIGNED <u>5/31/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/30/55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Malden Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Malden, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-6-55</u>		REGISTRAR'S SIGNATURE <u>Delma V. Carver</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Strickland-Rainey</u>		ADDRESS <u>Dexter, Mo.</u>	

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 _____

Lucille Praney

Student Embalmer No. 508

working under my personal supervision.

Student *Lucille Praney*
Student Embalmer

Signed _____

J. Stubbins

Licensed Embalmer No. 3479

P. O. Address *Weymouth, Ill.*

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.