

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26128

State File No.

3603

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. No. <u>002</u>		Registrar's No. <u>3603</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give town or town) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>30 Year</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2459 Denver</u>				e. STREET ADDRESS (If rural, give location) <u>34 2459 Denver</u> <u>3348</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u> b. (Middle) <u>Rehart</u> c. (Last) <u>Dorsey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 15 1955</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>March 19 1905</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sec-Work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Investment Co</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Aurora Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Lee Dorsey</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Rehart</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>396 09 6662</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sister- Mrs C.W. Utter 2459 Denver</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>Bronchial pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage left</u> DUE TO (c) <u>Carc of Breast</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arthritis of neck.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 day</u> <u>2 days</u> <u>Open</u> <u>170x6 mc</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) (m.)		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>Sept</u> , 19 <u>53</u> , to <u>8-15-</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>8-14</u> , 19 <u>55</u> , and that death occurred at <u>2 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John T. Skinner</u> (Degree or title) <u>no</u>				23b. ADDRESS <u>1102 Jewell</u>		23c. DATE SIGNED <u>8-16-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal-Burial</u>		24b. DATE <u>8-17-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Aurora Missouri</u>		
DATE REC'D BY LOCAL REG. <u>8-16-55</u>		REGISTRAR'S SIGNATURE <u>Neve Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Melody McGilley Eylar, Kansas City Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Paul T. Hawkins
117010
after 1:30 PM

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 *James E. Hackler*

Licensed Embalmer No. *45*

P. O. Address *JCA*

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.