

FILED OCT 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32997

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>138</u>		PRIMARY REG. DIST. NO. <u>4220</u>		Registrar's No. <u>23</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY <u>Hickory</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wheatland</u>		c. LENGTH OF STAY (in this place) <u>3 yrs</u>		a. STATE <u>Mo</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wheatland</u>		c. LENGTH OF STAY (in this place) <u>3 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wheatland</u>		b. COUNTY <u>Hickory</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>3420</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <u>Dora</u>	b. (Middle) <u>Dorman</u>		c. (Last) <u>Dorman</u>	Month <u>10</u>	Day <u>13</u>	Year <u>1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>1882-12-2</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Hiram Bradley</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hollingsworth</u>		14. NAME OF HUSBAND OR WIFE <u>Oral Dorman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. B. Owsley</u>		ADDRESS <u>Calif</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>					<u>3 days</u>	
	ANTECEDENT CAUSES						
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cancer of Ribs</u>					<u>ten year</u>	
	DUE TO (c)						
	II. OTHER SIGNIFICANT CONDITIONS: <u>196x</u>						
	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>Sept 21, 1950</u> , to <u>Oct 11, 1955</u> , that I last saw the deceased alive on <u>Oct 11, 1950</u> , and that death occurred at <u>742 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. E. Briggs, D.O.</u>				23b. ADDRESS <u>Wheatland Mo</u>		23c. DATE SIGNED <u>10-15-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-16-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dooley Bend</u>		24d. LOCATION (City, town, or county) (State) <u>Hickory Mo</u>		
DATE REC'D BY LOCAL REG. <u>10-16-1955</u>		REGISTRAR'S SIGNATURE <u>Mary Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles L. Wathen</u>		ADDRESS <u>Wheatland Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

