

FILED NOV 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33687

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>179</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 township) OR TOWN <u>RURAL PRAIRIE</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>		<u>7000</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JACKSON COUNTY HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>RR # 1, HICKMAN MILLS, MO</u>					
3. NAME OF DECEASED (Type or Print) <u>ALICE DORRANCE</u>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <u>10-26-55</u>			4. DATE (Month) (Day) (Year)						
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Dec. 7, 1963</u>		9. AGE (In years last birthday) <u>91</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 <u>at Home</u>		11. BIRTHPLACE (State or foreign country) <u>Stillwell, Kansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>unknown Robbins</u>			13b. MOTHER'S MAIDEN NAME <u>unknown Burns</u>			14. NAME OF HUSBAND OR WIFE			
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>Phillip Benjamin</u>				ADDRESS <u>87th & Heller, At</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>Coronary thromb.</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>gen. arteriosclerosis</u> DUE TO (c) <u>senility</u> (PS) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>						INTERVAL BETWEEN ONSET AND 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) <u>10-26-55</u> <u>8:15</u> a.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>7-5</u> , 19 <u>55</u> , to <u>10-26</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>10-26</u> , 19 <u>55</u> and that death occurred at <u>8:15 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>M. P. Keefe</u>				Degree or title <u>MD</u>		23b. ADDRESS <u>304 Angyle</u>		23c. DATE SIGNED <u>10-25-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-29-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>			
DATE REC'D BY LOCAL REG. <u>10-28-1955</u>		REGISTRAR'S SIGNATURE <u>DB Langford</u>		493		25. FUNERAL DIRECTOR'S SIGNATURE <u>France Wornall</u>			
						ADDRESS <u>Funeral Home K.C. Mo</u>			

(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
Student Embalmer

Signed

Russell N. France

Licensed Embalmer No. 4255

P. O. Address K. C. 772

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.