S. No. 300
Rev. 10.48

4

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 31 1956

29546

State File No. 131

BIRTH NO. ____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 131

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston
c. LENGTH OF STAY (in this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bel Air Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN: Hayti
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): ---

6781

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): LeRoy
c. (Last): Dorris Jr

4. DATE OF DEATH (Month) (Day) (Year): Aug 16, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 8, 1892
9. AGE (In years last birthday): 64 — If under 1 year: Months 4, Days 8 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Merchant
11. BIRTHPLACE (City and State or Foreign Country): Pemiscot County Mo.
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: John L. Dorris Sr
13b. MOTHER'S MAIDEN NAME: Maggie
14. NAME OF HUSBAND OR WIFE: Frances Dorris
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: Frances Dorris — **ADDRESS**: Hayti, Mo

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) Emphysema — INTERVAL BETWEEN ONSET AND DEATH: 2 Years.

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
5271
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* 8-14, 1956, *to* 8-16, 1956, *that I last saw the deceased alive on* 8-15, 1956, *and that death occurred at* 6:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. D. Urban (Degree or title) M. D.
23b. ADDRESS: Sikeston, Mo.
23c. DATE SIGNED: 8-21-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8-16-56
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
24d. LOCATION (City, town, or county) (State): Hayti, Mo.

DATE REC'D BY LOCAL REG.: 8-22-56
REGISTRAR'S SIGNATURE: Mrs Ellet Hunter
25. FUNERAL DIRECTOR'S SIGNATURE: John H. Germon
ADDRESS: Hayti, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

429-0

DATE RECEIVED AUG 27 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 856-191

OCT 24 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John H. Gorman

Licensed Embalmer No. 4-35

P. O. Address Hayti, S

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.