

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 3 1957

57 0 175 16
STATE FILE NUMBER

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 48

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY OR TOWN Hickman Mills <i>Not a corporation, give TOWNSHIP only</i> Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Hickman Mills Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 3 Craig Rd. | | d. STREET ADDRESS (If outside, give location) Rt. 3 Craig Rd. | |
| Length of stay in 1b 47 Yrs. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Jeannette Middle C. Last DORRIS | | 4. DATE OF DEATH Month May Day 20 Year 1957 | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH April 19, 1878 |
| 9. AGE (In years last birthday) 79 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 11. BIRTHPLACE (City and state or country) Spencer, West Va. | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAME John W. Cain | | 14. MOTHER'S MAIDEN NAME Unknown | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT Mr. Clyde Cain | | 2229 Pauline Pittsburg, Pa. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stroke + Hemorrhage resulting from crushing injury of chest Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Multiple fracture of body DUE TO (c) Multiple fracture of body | | | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a), (b), and (c). 9349 46 | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Damolductin 700 | | |
| 20c. TIME OF INJURY 7:45 p.m. 5-20-57 | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION Jackson Mo | |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Dr. Charles S. ... | | 22b. ADDRESS 6627 ... | |
| 22c. DATE SIGNED 5-21-57 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | 23b. DATE 5/24/57 | 23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cem. | 23d. LOCATION (City, town, or county) (State) Sedalia, Missouri |
| 24. FUNERAL DIRECTOR ADDRESS Earp & Sons 4139 Truman Rd. K. C., Mo. | | 25. DATE RECD. BY LOCAL REG. 5/22/57 | |
| | | 26. REGISTRAR'S SIGNATURE Stirling E. Goddard | |

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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RECEIVED
MAY 28 1957

MAY 9 1958

MAY 2 1958

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 *Richard E. Carroll*

Licensed Embalmer No. *48*

P. O. Address *R. E. Sullivan*

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.