

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025450

STATE FILE NUMBER

FILED JUL 17 1958

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3116

300 4
1-57

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, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	3c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF DECEASED (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>Lindenman Home</u>		Length of stay in 1b <u>50 years</u>	d. STREET ADDRESS (If outside, give location) <u>242 East 72nd Terr.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Mrs. Jessie</u> Middle <u>Dorvitt</u> Last <u>Dorvitt</u>			4. DATE OF DEATH Month <u>June</u> Day <u>23</u> Year <u>1958</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 2, 1874</u>	9. AGE (In years last birthday) <u>84</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>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Pennsylvania</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John A. Dorvitt</u>	13b. MOTHER'S MARDEN NAME <u>Elizabeth J. Kirk</u>	14. NAME OF HUSBAND OR WIFE <u>George A. Dorvitt</u>
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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>no</u>	17. INFORMANT <u>Mr. George A. Dorvitt</u> Address <u>242 East 72nd Terr.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerosis - Heart Disease 1942</u> Essential Hypertension		INTERVAL BETWEEN ONSET AND DEATH <u>3.31.47</u> <u>4200 H</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Carcinoma of the nose</u>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input 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.)
20c. TIME OF INJURY Hour <u>8:40 A.M.</u> Month, Day, Year	

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.) <u>Kansas City, Missouri</u>	20f. CITY, TOWN, OR LOCATION <u>Kansas City, Missouri</u>
21. I attended the deceased from Death occurred at <u>8:40 A.M. April 1, 1942</u> and last saw her alive on <u>June 23, 1958</u> on the date stated above; and to the best of my knowledge, from the causes stated.		21. I attended the deceased from Death occurred at <u>8:40 A.M. April 1, 1942</u> and last saw him alive on <u>June 20, 1958</u> on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Frank Stanley Mores</u>	22b. ADDRESS <u>4670 Nichols Plany</u>	22c. DATE SIGNED <u>6/23/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-25-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FLORA HILLS</u>
23d. LOCATION (City, town, or county) <u>KANSAS CITY, MO.</u>		

24. FUNERAL DIRECTOR <u>Stine & McClure Und. Co., K. C., Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>6-24-58</u>	26. REGISTRAR'S SIGNATURE <u>Nevo Mickall</u>
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All diseases in Part I must be causally related.

F. Stanley Mores

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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12:00 - 4:45
9401-9395

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 *Regina L. Kern*

Licensed Embalmer No. *4623*

P. O. Address *K. Kern*

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.