Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-036199
STATE FILE NUMBER

FILED OCT 28 1958 Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY: Howard	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Fayette — Inside Limits: Yes [X] No [ ]	c. CITY OR TOWN: Columbia — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Rhodes Nursing Home — Length of stay in Ib: 3½ Months	d. STREET ADDRESS (If outside, give location): 1402 University Ave. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: SUSAN	Middle:	Last: DORSEY	4. DATE OF DEATH Month, Day, Year: October 13, 1958
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]	8. DATE OF BIRTH: Jan. 19, 1871
9. AGE (In years last birthday): 87	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home	10b. KIND OF BUSINESS OR INDUSTRY: At Home	11. BIRTHPLACE (City and state or country): Boone County, Missouri	12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: James Harris	13b. MOTHER'S MAIDEN NAME: Sabra Jackson	14. NAME OF HUSBAND OR WIFE: W.S. Dorsey	
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: Dorothy Dorsey, Columbia, Mo.	Address

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cerebral Embolus

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Chronic Myocarditis — 5 Yrs

DUE TO (c): Arteriosclerosis 4221

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 0

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-1-58, to 10-13-58 and last saw her/him alive on 10-13-58

Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W A Bloom (Degree or title) 0

22b. ADDRESS: Fayette Mo

22c. DATE SIGNED: 10-20-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Oct. 16, 1958	23c. NAME OF CEMETERY OR CREMATORY: Harris Cemetery	23d. LOCATION (City, town, or county) (State): Boone County, Missouri.
24. FUNERAL DIRECTOR ADDRESS: Parker Funeral Service, Columbia, Mo.	25. DATE RECD. BY LOCAL REG.: 10-20-58	26. REGISTRAR'S SIGNATURE: Mary L. Shell	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. No symptoms will be listed.

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 Douglas P. Garman

Licensed Embalmer No. 5037

P. O. Address Columbia,

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.