

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010076

STATE FILE NUMBER

FILED APR 10 1959

Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 32

300
1-57

1. PLACE OF DEATH a. COUNTY LINN			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY LINN		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARCELINE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MARCELINE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 118 W. CURTIS		Length of stay in 1b 40 yrs.	d. STREET ADDRESS (If outside, give location) 118 W. CURTIS		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) GLEN THOMAS DORRELL			4. DATE OF DEATH Month Day Year 4/2/1959		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/27/1906	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months Days Hours Min. 0 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER & COOK		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) LINGO, E.O.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME GEORGE		13b. MOTHER'S MAIDEN NAME NORA BRALEY		14. NAME OF HUSBAND OR WIFE RUTH	
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. 490-18-4987	17. INFORMANT Address NORA DORRELL MARCELINE, MO.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cirrhosis liver Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Alcoholism DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5811					INTERVAL BETWEEN ONSET AND DEATH
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.) 5811			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
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 COUNTY STATE		
21. I attended the deceased from 1958 to 4-2-59 and last saw her alive on 4-1-59 Death occurred at 6:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Nora Dorrell</i> (Degree or title)			22b. ADDRESS Marceline, Mo		22c. DATE SIGNED 4-4-59
23a. BURIAL, CREMATION, REMOVAL (Specify) B	23b. DATE 4/5/1959	23c. NAME OF CEMETERY OR CREMATORY MT. OLIVET.		23d. LOCATION (City, town, or county) (State) MARCELINE, MO	
24. FUNERAL DIRECTOR JAMES MCLAUGHLIN MARCELINE, MO			25. DATE RECD. BY LOCAL REG. 4-4-59	26. REGISTRAR'S SIGNATURE <i>Brookie Owens</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *James B. M^o Clelland*

Licensed Embalmer No. *4230*

P. O. Address *Brookfield, M^o*

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.