

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010144  
STATE FILE NUMBER

APR 15 1959

Registration District No. 206 Primary Registration District No. 304A Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <b>Madison</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Madison</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fredericktown</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Fredericktown</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>307 Virginia</b>		Length of stay in lb <b>4 years</b>	d. STREET ADDRESS (If outside, give location) <b>307 Virginia</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Wesley</b> Middle <b>William</b> Last <b>Dorman</b>			4. DATE OF DEATH Month <b>April</b> Day <b>6</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>August 10, 1892</b>		9. AGE (In years last birthday) <b>66</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Stationary Engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Union Electric Co.</b>		11. BIRTHPLACE (City and state or country) <b>Macoupin, Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Henry Dorman</b>			14. MOTHER'S MAIDEN NAME <b>Mary Quinn</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>493-05-3171</b>	17. INFORMANT <b>Mrs. Metta Dorman - Fredericktown, Mo.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion.</b>					INTERVAL BETWEEN ONSET AND DEATH <b>5 minutes</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) <b>Arteriosclerotic Heart Disease.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					DUE TO (c)
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					<b>2</b>
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.) <b>4200</b>		
20c. TIME OF INJURY Hour <b>6:05</b> 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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>June 9, 1955</b> to <b>April 6, 1959</b> and last saw <sup>him</sup> <b>him</b> alive on <b>March 4, 1959</b> . Death occurred at <b>6:05</b> <b>Am</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Charles Michael Mc</b>			22b. ADDRESS <b>Fredericktown, Missouri</b>		22c. DATE SIGNED <b>April 7, 1959</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>April 8, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles Memorial Park</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>
24. FUNERAL DIRECTOR <b>J. Dorman</b>		ADDRESS <b>Fredericktown, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>4-7-1959</b>	26. REGISTRAR'S SIGNATURE <b>Lawrence Hicks</b>

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

FILED APR 13 1939

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MICHIGAN  
NO. 438-28

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 *Raymond B. Wilson*.....

Licensed Embalmer No. 48

P. O. Address *Fredonia*.....

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