

**FEDERAL BUREAU OF INVESTIGATION
FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

59-036763

FILED VS OCT 26 1959

STATE FILE NUMBER

Registration District No. 171 Primary Registration District No. 5637 Registrar's No. 50

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Odessa Mo</u>		c. CITY OR TOWN <u>Higginsville</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>US 11040</u>		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Hugo H. Dohrmann</u>			4. DATE OF DEATH Month Day Year <u>Oct 10 1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 1, 1893</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Clothing store</u>		11. BIRTHPLACE (City and state or country) <u>Concordia, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>					

13a. FATHER'S NAME <u>Claus Dohrmann</u>	13b. MOTHER'S MAIDEN NAME <u>Christena Lange</u>	14. NAME OF HUSBAND OR WIFE <u>Shirley Whitsitt Dohrmann</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>Yes World War I</u>	16. SOCIAL SECURITY NO. <u>495-01-9289</u>	17. INFORMANT <u>Ms. A. W. Guhl Higginsville Mo.</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>Head on motor car Collision</u> MULTIPLE FRACTURE / PATH LEG, PATH ARM, CHEST AND COMPOUND FRACTURE OF THE SKULL. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.) <u>Tennis head on motor car Collision</u>
20c. TIME OF INJURY Hour a.m. / Month, Day, Year <u>2:45 a.m. / 10-10-59</u>	On <u>US 11040</u> 4 miles west <u>Odessa Mo</u>	

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>US 11040</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Odessa Lafayette Mo</u>
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21. I attended the deceased from at his death on 10-10-59 and last saw him alive on 1956?
Death occurred at about 2:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>W. Martin M.D. Coronar</u>	22b. ADDRESS <u>Odessa Mo</u>	22c. DATE SIGNED <u>10-10-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-11-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cit y</u>	23d. LOCATION (City, town, or county) (State) <u>Higginsville; Mo.</u>
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24. FUNERAL DIRECTOR <u>Forrest A. Hoefer</u>	ADDRESS <u>Higginsville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>10-19-1959</u>	26. REGISTRAR'S SIGNATURE <u>Emma Davidson</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SA NOV 19 1959

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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 Forest R. Hooper

Licensed Embalmer No. 480I

P. O. Address Higginsville, Mo.

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.