

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 25 1960

60-000152

STATE FILE NUMBER

Registration District No. 30 Primary Registration District No. 4038 Registrar's No. 2

H: 22

INDEXED

1. PLACE OF DEATH a. COUNTY Benton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Benton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WARSAW		c. CITY OR TOWN WARSAW	
Length of stay in 1b 2 hrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sally Clinic		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last DEBRA JEAN DORITY			4. DATE OF DEATH Month Day Year Jan 17 1960		
5. SEX FEMALE	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jan 17, 1960	9. AGE (last birthday)	IF UNDER 1 YEAR Months Days Hours Min. - - 2 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBER		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and state or country) Warsaw, Mo	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Raymond W. DORITY			
13b. MOTHER'S MAIDEN NAME Mildred L. Thomas		14. NAME OF HUSBAND OR WIFE -			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Raymond William DORITY - Edwards R.F.D 2	
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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) Prematurity			INTERVAL BETWEEN ONSET AND DEATH 1960
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Miscarriage			
DUE TO (c) Undetermined Cause			
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

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 a.m. p.m. 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 Jan 17 60 to Jan 17 60 last saw him live on Jan 17, 1960 Death occurred at 4:32 PM on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) Sue C. Salley DO		22b. ADDRESS Warsaw Mo		22c. DATE SIGNED 1-17-60	
23a. BURIAL, CREMATION, REMOVAL Specify Burial		23b. DATE Jan 17, 1960		23c. NAME OF CEMETERY OR CREMATORY Cable Ridge Cemetery	
23d. LOCATION (City, town, or county) (State) Edwards Camden Co, Mo		24. FUNERAL DIRECTOR John F. Reese		25. DATE RECD. BY LOCAL REG. Jan 17-1960	
24. ADDRESS Warsaw		26. REGISTRAR'S SIGNATURE Geo. A. Logan			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 John A. Reser

Licensed Embalmer No. 4098

P. O. Address Wassau

* 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.