

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005346

FILED VS FEB 23 1960

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 48

STATE FILE NUMBER

INDEXED

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|--|---|---|--|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Calloway</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cole</u> | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u> | | Length of stay in 1b <u>16 days</u> | | c. CITY OR TOWN <u>Jefferson City</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital #1</u> | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>420 E. Capitol</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Lillian Edith</u> Middle <u>Dorris</u> Last | | | | 4. DATE OF DEATH Month <u>Feb.</u> Day <u>13</u> Year <u>1960</u> | | | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <u>April 15, 1872</u> | 9. AGE (last birthday) <u>87</u> | IF UNDER 1 YEAR Months <u>9</u> Days <u>27</u> | IF UNDER 24 HR Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own</u> | 11. BIRTHPLACE (City and state or country) <u>Unk.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.</u> | | |
| 13a. FATHER'S NAME <u>Joseph Dorris</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Nancy Hammen</u> | | 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) <u>no</u> | | | 16. SOCIAL SECURITY NO. | 17. INFORMANT <u>Hospital Records</u> Address | | | | |
| 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>Coronary Occlusion</u> DUE TO (b) <u>Diabetes Mellitus</u> DUE TO (c) <u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senile Psychosis</u> | | | | | | 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 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 <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></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.) | | 20f. CITY, TOWN, OR LOCATION <u>Jan. 28, 1960</u> to <u>Feb. 13, 1960</u> and last saw her alive on <u>Feb. 13, 1960</u> | |
| 20g. COUNTY | | | 20h. STATE | | | | | |
| 21. I attended the deceased from <u>Jan. 28, 1960</u> to <u>Feb. 13, 1960</u> and last saw her alive on <u>Feb. 13, 1960</u> Death occurred at <u>11:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>James K. Rittleruech M.D.</u> | | | | 22b. ADDRESS <u>State Hosp. #1</u> | | 22c. DATE SIGNED <u>2-14-60</u> | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Feb. 16, 1960</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Union Hill Cemetery</u> | | 23d. LOCATION (City, town, or county) <u>Ballaway County, Mo.</u> | | | | |
| 24. FUNERAL DIRECTOR <u>Bill Momen</u> | | | ADDRESS | 25. DATE RECD. BY LOCAL REG. <u>Feb. 14 - 1960</u> | 26. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> | | | |

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 _____

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Victor Buescher

Licensed Embalmer No. 370

P. O. Address Jamaica

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.