# URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-031544

STATE FILE NUMBER

FILED VS SEP 13 1960

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 309

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia
Length of stay in 1b: 1 year
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pettis
c. CITY OR TOWN Sedalia
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1102 East 9th Street
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First HARRY Middle K. Last DORRIS

4. DATE OF DEATH: Month September Day 8 Year 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Dec. 30, 1903
9. AGE (last birthday): 56
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Greeting Cards
11. BIRTHPLACE (City and state or country): Greenville, Illinois
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Harry Dorris
13b. MOTHER'S MAIDEN NAME: Laura Linder
14. NAME OF HUSBAND OR WIFE: Mrs. Jeane Dorris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 486-46-6899
17. INFORMANT: Mrs. Jeane Dorris, Sedalia, Missouri Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | Acute Hemolytic Anemia | 2 weeks |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Chronic Lymphatic Leukemia | unknown |
| DUE TO (c) | | |

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 March 26, 1960 to Sept. 8, 1960 and last saw him alive on Sept. 7, 1960
Death occurred at 7:a.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: T. S. Hopkins, M.D. (Degree or title)
22b. ADDRESS: 1609 S. Limit Sedalia Mo.
22c. DATE SIGNED: 9-9-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Sept 10, 1960
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State): Greenville, Illinois

24. FUNERAL DIRECTOR: D. W. HECKART, Gillespie Funeral Home ADDRESS Sedalia, Mo.
25. DATE RECD. BY LOCAL REG.: 9.9.1960
26. REGISTRAR'S SIGNATURE: Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

SEP 15 1980

SEP 27 1980

**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_____ Signed Richard D. Conn

Signature of Student Embalmer

Licensed Embalmer No. 4703

P. O. Address Sedalia, Mo

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