

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-034233

318

1003

8818

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

FILED SEP 27 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 719 Bowen		d. STREET ADDRESS (If outside, give location) 719 Bowen	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last James O. Dorsey			4. DATE OF DEATH Month Day Year Sept. 21, 1961		
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug. 5, 1891	9. AGE (last birthday) 70	
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) Ret. Air Corps	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Tennessee	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME James Dorsey	13b. MOTHER'S MAIDEN NAME Amanda Smith	14. NAME OF HUSBAND OR WIFE Mabel Dorsey
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes 1 & 2 30 yrs	16. SOCIAL SECURITY NO. unk.	17. INFORMANT Mabel Dorsey	Address 719 Bowen, St. Louis Mo.
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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) Acute coronary insufficiency - Thrombotic		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b)		
DUE TO (c)		420.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arterio Sclerotic Heart Disease		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 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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from **Sept 14, 1961** to **Sept 21, 1961** and last saw him alive on **Sept 21, 1961**
Death occurred at **9 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. J. Boucicard, Jr.	22b. ADDRESS 1200 S. Sprague	22c. DATE SIGNED 9/22/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 9-25-61	23c. NAME OF CEMETERY OR CREMATORY National Cem.	23d. LOCATION (City, town, or county) (State) Jeff. Brks. Mo.
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24. FUNERAL DIRECTOR ADDRESS Southern Funeral Home 6322 S. Grand St. Louis, Mo.	25. DATE RECD. BY LOCAL REG. SEP 22 1961	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.
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DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAES 13/11

NOV 30 1961

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 David Van Housen

Licensed Embalmer No. 4242

P. O. Address St. Louis

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.