

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017487

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1194

FILED APR 27 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

4000
24000

3

4 1

5 2

6

7 2

8 2

9174X

10

11

1242-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>St. Louis</u>		a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LEMAU</u>		Length of stay in lb <u>2 1/2</u> years	c. CITY OR TOWN <u>Sunset Hills</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>Mt. St. Rose Sanit.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>10364 Richview Dr.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last			4. DATE OF DEATH Month Day Year
<u>AGNES ELIZABETH DORLEY</u>			<u>April 16, 1962</u>
5. SEX <u>Female</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>1-21-1878</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>None</u>	9. AGE (last birthday) <u>84</u>
11a. BIRTHPLACE (City and state or country) <u>Belfast, Ireland</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Hugh A. Williamson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Laughren</u>	14. NAME OF HUSBAND OR WIFE <u>Anthony Dorley</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Sunset Hills 27, Mo.</u> <u>William Dorley-10364 Richview Dr.</u>
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 <u>1 1/2 YRS</u>
IMMEDIATE CAUSE (a) <u>CARCINOMA OF UTERUS</u>			
DUE TO (b) _____			
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. <input type="checkbox"/> Yes <input checked="" 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 checked="" 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 <u>Nov 1, 1961</u> to <u>April 16, 1962</u> and last saw her alive on <u>April 16, 1962</u> Death occurred at <u>1:10</u> P. M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>R. William Kurmestor M.D.</u> (Degree or title)		22b. ADDRESS <u>634 N. Grand</u>	22c. DATE SIGNED <u>4/17/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-18-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Kirkwood 22, Mo.</u>
24. FUNERAL DIRECTOR <u>Pfitinger Mort-Kirkwood 22, Mo.</u> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>4-17-62</u>	26. REGISTRAR'S SIGNATURE <u>John C. Murphy Md.</u>

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

Ben E Hoffman

Licensed Embalmer No. 4366

P. O. Address St Louis Co. 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.