MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-018646

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 859

FILED JUN 11 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

Robert MAHER

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield — Length of stay in 1b: 28 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Burge Protestant Hosp. — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Greene
c. CITY OR TOWN: Springfield — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2057 Albertha — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First ANNA Middle CAROLINE Last DORSEY

4. DATE OF DEATH: Month May Day 29, Year 1962

5. SEX: Female

6. COLOR OR RACE: White

7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]

8. DATE OF BIRTH: 7/16/1884

9. AGE (last birthday): 77 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Homemaking

11. BIRTHPLACE (City and state or country): Belleville, Ill.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Herman Finke

13b. MOTHER'S MAIDEN NAME: Augusta Knoebel

14. NAME OF HUSBAND OR WIFE: Ester (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Hazel Roper, 1617 N. Oak Grove, Springfield, Missouri.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Liver failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Probable CA of head of pancreas
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 9 mos.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Anemia, senile

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 5/21/62, to _____ and last saw her/him alive on 5/29/62
Death occurred at 9:55 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert W. Maher, M.D.

22b. ADDRESS: 417 Proj. Bldg. Spfd. Mo

22c. DATE SIGNED: 5/31/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5/31/1962

23c. NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery

23d. LOCATION (City, town, or county) (State): Springfield, Missouri.

24. FUNERAL DIRECTOR ADDRESS: Ralph Thieme, 1200 Boonville Ave. Springfield, Missouri.

25. DATE RECD. BY LOCAL REG.: 6-6-62

26. REGISTRAR'S SIGNATURE: Effie L. Melton

(Licensed Embalmer's Statement on Reverse Side)

JUN 11 1962

JUN 26 1962

permit issued 5-25-62

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_____ Signed Harold Futrell

Signature of Student Embalmer

Licensed Embalmer No. 5079

P. O. Address Spfd, 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.