

FILED JUN 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15278

BIRTH NO.		REG. DIST. NO. 73		PRIMARY REG. DIST. NO. 3014		Registrar's No. 46	
1. PLACE OF DEATH a. COUNTY C12Y				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY C10Y			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberty		c. LENGTH OF STAY (in this place) 40 yr		c. CITY OR TOWN Liberty		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 227 S. Main				e. STREET ADDRESS (If rural, give location) 227 S. Main 600/0			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle)		c. (Last) DORSEY		4. DATE OF DEATH (Month) (Day) (Year) MAY 25, 1954	
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 15, 1884	
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		11. BIRTHPLACE (City and State or Foreign Country) Lexington, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Dorsey		13b. MOTHER'S MAIDEN NAME Arbella Scott		14. NAME OF HUSBAND OR WIFE Ella Mae Dorsey			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. W		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leo Dorsey Liberty, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral thrombosis DUE TO (c) Pulmonary carcinoma II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 20-30 min. 5-6 weeks. 1 year.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 103X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 23, 1954 to May 25, 1954, that I last saw the deceased alive on May 25, 1954, and that death occurred at 8:50 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Clyde M. Smith, D.O.		23b. ADDRESS 10 W. Kansas St., Liberty, Mo.				23c. DATE SIGNED 5/27/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 28, 54		24c. NAME OF CEMETERY OR CREMATORY Fairview Cem.		24d. LOCATION (City, town, or county) (State) Liberty, Missouri	
DATE REC'D BY LOCAL REG. May 28, 1954		REGISTRAR'S SIGNATURE Mabel Graham 491		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Church-Archer Co. Liberty, Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *Harold H. Smith*.....

Licensed Embalmer No. *457*

P. O. Address *Liberty*

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.