

FILED MAY 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15336

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <i>Cooper</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Cooper</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Boonville</i>	c. LENGTH OF STAY (in this place) <i>9 1/2 yrs</i>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Rural Blackwater</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Joseph Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>5 miles South of Blackwater</i>	

3. NAME OF DECEASED (Type or Print) <i>FREDRICK (none) DORFLINGER</i>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <i>May 11, 1949</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Jan. 20, 1858</i>	9. AGE (In years last birthday) <i>91</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>same</i>	11. BIRTHPLACE (State or foreign country) <i>Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	

13a. FATHER'S NAME <i>Martin Dorflinger</i>	13b. MOTHER'S MAIDEN NAME <i>Anna Becker</i>	14. NAME OF HUSBAND OR WIFE <i>Louisa Dorflinger</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>4</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Willard T. Dorflinger</i>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Shock</i>			<i>12 hr.</i>
ANTECEDENT CAUSES	DUE TO (b) <i>Injury - Nervousness</i>		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <i>Struck by Auto</i>		<i>88 1/2 hr</i>
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death. <i>Senility</i>		<i>29</i>

19a. DATE OF OPERATION <i>5/10/49</i>	19b. MAJOR FINDINGS OF OPERATION <i>Reduction Cupd Fracture of tibia & fibula</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office/bldg., etc.) <i>Co. Road</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Cooper Mo</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>5 10. 49 8 P.M.</i>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Struck by Automobile</i>

22. I hereby certify that I attended the deceased from *5/10*, 19*49*, to *5/11*, 19*49*, that I last saw the deceased alive on *5/10*, 19*49*, and that death occurred at *5 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>M.D. DeKroeger</i>	23b. ADDRESS <i>Boonville Mo</i>	23c. DATE SIGNED <i>5/12/49</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>May 13, 1949</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Peninsula Cemetery</i>
24d. LOCATION (City, town, or county) (State) <i>Blackwater, Mo.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Ways Painter Pilot House, Mo.</i>	

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

MAY 16 REC'D

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-23-19

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 _____

Student Embalmer

Signed Robert L. Painter

Licensed Embalmer No. 4069

P. O. Address Pilot Grove, 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 this body is not embalmed, fact should be so stated above.