

FILED AUG 18 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29182

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

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5641 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL DOVER</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL DOVER TWP.</u>	
c. LENGTH OF STAY (In this place) <u>14 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>7 MI. WEST OF WAVERLY, MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 MI. WEST OF WAVERLY, MO</u>		e. STREET ADDRESS (If rural, give location) <u>7 MI. WEST OF WAVERLY, MO</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u>		b. (Middle) <u>WILLIAM</u>	
c. (Last) <u>DOHRMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 13 1953</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC 24 1887</u>
9. AGE (In years last birthday) <u>65</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CONCORDIA, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>GEN FARMING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CONCORDIA, MO</u>	
13a. FATHER'S NAME <u>JOHN DOHRMAN</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA SELLE</u>	
14. NAME OF HUSBAND OR WIFE <u>LOTTIE DOHRMAN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS JOHN NEER</u> ADDRESS <u>KANSAS CITY, MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Cardio-vascular condition?</u> DUE TO (b) _____ DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		21. ACCIDENT SUICIDE HOMICIDE (Specify)
21a. 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) (Min.)	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 <u>Jan 6</u> , 19 <u>46</u> , to <u>Aug 13</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Aug 13</u> , 19 <u>53</u> , and that death occurred at <u>6:10 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Type or Print) <u>James Kellie M.D.</u>		23b. ADDRESS <u>Waverly, Mo.</u>	
23c. DATE SIGNED <u>8-14-53</u>		24. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>8-15-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HIGGINSVILLE CITY CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>HIGGINSVILLE MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. A. James</u> ADDRESS <u>Concordia, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 14-1953</u>		REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</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 Mu

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed E. L. James

Licensed Embalmer No. 2058

P. O. Address Concordia, 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.