

FILED DEC 3 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37336**  
**5271**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Kansas City</b> )		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>25 years</b>		STREET ADDRESS (If rural, give location) <b>1311 Prospect</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Veterans Administration Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>John</b>	b. (Middle) <b>M.</b>	c. (Last) <b>Dorflinger</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>November 12, 1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>August 5, 1895</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer - FREIGHT HANDLER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>R.R. EXPRESS AGENCY, Railroad station</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Blackwater, Mo.</b>	12. CITIZENRY OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Martin Dorflinger</b>	13b. MOTHER'S MAIDEN NAME <b>Ida Bader</b>	14. NAME OF HUSBAND OR WIFE <b>Ruth Dorflinger</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War I</b>	16. SOCIAL SECURITY NO. <b>496-01-9470</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA Hospital Records, Kansas City, Mo.</b>	ADDRESS
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Rheumatic heart disease with mitral stenosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 years</b>  <b>4107</b>
	ANTECEDENT CAUSES  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from September 8, 1954, to November 12, 1954, and that death occurred at 4:10 a. m., from the causes and on the date stated above.

23a. SIGNATURE <b>W. E. Burger M.D.</b> (Degree or title)	23b. ADDRESS <b>VA Hospital, Kansas City, Mo.</b>	23c. DATE SIGNED <b>11-18-54</b>
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24a. BURIAL CREMATION REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>Nov-15-1954</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>PILOT GROVE MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>11-15-54</b>	REGISTRAR'S SIGNATURE <b>Newa Minshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. Newcomer's Sons</b>	ADDRESS <b>1331 - BRUSH CREEK KANSAS CITY, MO.</b>
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(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 *Albert L. Savage*

Licensed Embalmer No. *481*

P. O. Address *Kansas*

(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.