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FILED MAY 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15714

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 180

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blue	c. LENGTH OF STAY (in this place) 40 yrs	c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence, 9152 Winner Rd.		STREET ADDRESS (If rural, give location) 9152 Winner Rd. 305 8	

3. NAME OF DECEASED (Type or Print) a. (First) Sadie	b. (Middle) Mae	c. (Last) Dorrance	4. DATE OF DEATH (Month) (Day) (Year) May 13, 1955
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 8, 1885
9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. 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 self employed	11. BIRTHPLACE (City and State or Foreign Country) Whitley County, Ind.	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Willard Harber	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Ralph Dorrance
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Ralph Dorrance, Kansas City, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	19. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory failure		4-6 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial infarction 48 hrs DUE TO (c) Hypertension 5 yrs		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. nephritis - hypertrophy of liver			5-8 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 4201: YES <input type="checkbox"/> NO <input type="checkbox"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 June 1, 1948, to May 13, 1955, that I last saw the deceased alive on May 13, 1955, and that death occurred at 4:45P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carol L. Perry MD	23b. ADDRESS 5811 Truman Rd	23c. DATE SIGNED 5/14/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/17/55	24c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cem.
		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 5-16-55	REGISTRAR'S SIGNATURE [Signature]	354	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Independence, Mo.
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(Licensed Embalmers' 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..... *Dean W. Huff*

Licensed Embalmer No. *4915*

P. O. Address *Indianapolis*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.**