

FILED JUL 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22655

BIRTH NO. _____		REG. DIST. NO. 160		PRIMARY REG. DIST. NO. 5592		Registrar's No. C3			
1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Herculaneum (Rural)		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Herculaneum, 0500					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Main St. - Herculaneum				d. STREET ADDRESS (If rural, give location) Main St.					
3. NAME OF DECEASED (Type or Print) a. (First) Clarence b. (Middle) Honey c. (Last) Dormeyer			4. DATE OF DEATH (Month) (Day) (Year) July 15, 1955						
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH June 6, 1888		9. AGE (In years last birthday) 67/1/9	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Druggist			10b. KIND OF BUSINESS OR INDUSTRY Retail Drugs		11. BIRTHPLACE (State or foreign country) Jackson, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Fred H. Dormeyer			13b. MOTHER'S MAIDEN NAME Ella Hart		14. NAME OF HUSBAND OR WIFE None				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred Dormeyer, 1034 Broadway, Cape Girardeau					
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, asthenia, 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 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. e. H ₂ pertension				INTERVAL BETWEEN ONSET AND DEATH 15 yrs 20 yrs 10 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Feb 1, 1953, to July 15, 1955, that I last saw the deceased alive on July 15, 1955, and that death occurred at 4:00 P.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Dr. G. Deem				23b. ADDRESS Herculaneum Mo		23c. DATE SIGNED 7/15/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 17, 1955	24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.				
DATE REC'D BY LOCAL REG. 7-16-55		REGISTRAR'S SIGNATURE Jesse G. Deider		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. W. Ford, Festus Mo					

(If needed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JUL 22 1955

MAY 11 1956

AUG 16 1956

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 Keith B. Vinyard

Licensed Embalmer No. 4976

P. O. Address Eestus

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.