

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **37832**

BIRTH NO. **NOV 21 1955** REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **267**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Chariton	
b. CITY OR TOWN Moberly	c. LENGTH OF STAY (in this place) 1 1/2 days	c. CITY OR TOWN Salisbury	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital		e. STREET ADDRESS (If rural, give location) 105 West 9th Street	

3. NAME OF DECEASED (Type or Print)	a. (First) Van	b. (Middle) Lee	c. (Last) Doerrie	4. DATE OF DEATH (Month) (Day) (Year) Nov 6 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married	8. DATE OF BIRTH Oct. 7, 1898	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months 57 Days	IF UNDER 24 HRS. Hours 57 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Ladies Clothing	11. BIRTHPLACE (City and State or Foreign Country) Booneville, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Dr. Charles Doerrie	13b. MOTHER'S MARDEN NAME Alice Bull	14. NAME OF HUSBAND OR WIFE Dora Lillian Brown Doerrie
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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) NO	16. SOCIAL SECURITY NO. 496-01-7920	17. INFORMANT'S SIGNATURE OR NAME Reuben Hume, Armstrong, Mo.	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Dis.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 443x			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 Nov 4, 1955, to Nov 6, 1955, that I last saw the deceased alive on Nov 5, 1955, and that death occurred at 9:30 AM, from the causes and on the date stated above.

23a. SIGNATURE <i>Willie Lee</i>	(Degree or title) D	23b. ADDRESS <i>Moberly, Mo.</i>	23c. DATE SIGNED <i>Nov 7 '55</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Nov. 8, 1955	24c. NAME OF CEMETERY OR CREMATORY Walnut Grove Cemetery	24d. LOCATION (City, town, or county) (State) Booneville Mo
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DATE REC'D BY LOCAL REG. 11-8-55	REGISTRAR'S SIGNATURE <i>Frank B. ...</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Chas B. Wilhelmeyer</i>	ADDRESS <i>Salisbury, Mo</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

6.300
0.48

VS APR 25 1960

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.....

Chas B Winkelme

Licensed Embalmer No. *384*

P. O. Address *Salisbury,*

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.