

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44316
STATE FILE NUMBER
3668

FILED DEC 18 1957

Registration District No. 149 Primary Registration District No. 1005 Registrar's No.

V. S. 300
Rev. 1-57

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, give TOWNSHIP only) KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) ST. JOSEPH HOSPITAL		Length of stay in lb 1 YEAR		d. STREET ADDRESS (If outside, give location) 1323 VOLKER BLVD		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last PERRY W. DORSCH				4. DATE OF DEATH Month Day Year NOVEMBER 27 1957			
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 30, 1933		9. AGE (In years last birthday) 24	10. FUNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT APPRENTICE			10b. KIND OF BUSINESS OR INDUSTRY Sheet Metal		11. BIRTHPLACE (City and state or country) Milwaukee, Wisconsin		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME WALTER O. DORSCH			13b. MOTHER'S MAIDEN NAME FRANCES BREMER			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES KOREAN			16. SOCIAL SECURITY NO. 392-34-1820		17. INFORMANT WALTER O. DORSCH Address 1323 Volker Blvd KANSAS CITY, MO.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) Interstitial Nephritic Pneumonia						INTERVAL BETWEEN ONSET AND DEATH few days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Concentric Heart failure						DUE TO (c) Hypertrophy & dilatation of heart	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Do not refer to terminal phase conditions stated in Part I.) Chronic heart disease						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT - SUICIDE - HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY - Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 11-14-57 to 11-27-57 and last saw her/him alive on 11-27-57 Death occurred at 2:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE W. Stetson, M.D. (Degree or title)				22b. ADDRESS 3939 Ruffalo		22c. DATE SIGNED 11-29-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE Nov. 30, 1957	23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS KANSAS CITY, MO.				25. DATE RECD. BY LOCAL REG. 11-30-57		26. REGISTRAR'S SIGNATURE Reva Minshall	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 Bern Lawler

Licensed Embalmer No. 4915

P. O. Address 47 E 32 St NYC

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.