

FILED VS NOV 23 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-043008
STATE FILE NUMBER

Registration District No. 326 Primary Registration District No. _____ Registrar's No. 39

V. S. 300
Rev. 1-57

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
 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

1. PLACE OF DEATH a. COUNTY <u>Scotland</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scotland</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Arbela</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Arbela</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1</u>		Length of stay in 1b <u>199</u>		d. STREET ADDRESS <u>0</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Bessie</u> Middle <u>Dohrer</u> Last _____				4. DATE OF DEATH Month <u>Nov.</u> Day <u>9th</u> Year <u>1959</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>MARCH 7, 1903</u>		9. AGE (In years last birthday) <u>56</u> IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Guide Rock, Nebr.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Issac Colvin</u>			13b. MOTHER'S MAIDEN NAME <u>Jennie Eaves</u>			14. NAME OF HUSBAND OR WIFE <u>Alfred Dohrer</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT Address <u>Mr Alfred Dohrer Arbela, Mo</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>gun shot wound</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>976 X</u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Death was due to gun shot wound self inflicted under left breast passing to heart & other vitals.</u>					
20c. TIME OF INJURY Hour <u>11</u> a.m. _____ Month, Day, Year <u>11/9/59</u>								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN OR LOCATION <u>Arbela</u>		COUNTY STATE <u>SCOTLAND MO</u>		
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>E. M. Simler, Jr.</u> (Degree or title) <u>3</u>				22b. ADDRESS <u>Home, Mo</u>		22c. DATE SIGNED <u>Nov. 14, 1959</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov. 11, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bee Ridge Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Knox County, Missouri</u>			
24. FUNERAL DIRECTOR <u>W. H. Smith</u> ADDRESS <u>North St</u>				25. DATE RECD. BY LOCAL REG. <u>11-17-59</u>		26. REGISTRAR'S SIGNATURE <u>Vera S. Purmer</u>		

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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..... *Paul R. [Signature]*

Licensed Embalmer No. *4258*

P. O. Address..... *[Signature]*

WCC

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.