

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025116

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 212 Primary Registration District No. 5780 Registrar's No. 23

FILED JUL 2 1963

VS 300
Rev. 4/59

10660

20660

3

4 0

5 1

6

7 0

8 2

9578X

10

11

1290-0

13 2-D

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saline Township		Length of stay in 1b years	c. CITY OR TOWN Etterville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 1, Etterville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (if outside, give location) Rt. 1
3. NAME OF DECEASED (Type or print) Charles William Dorl			4. DATE OF DEATH Month June Day 7 Year 1963
5. SEX male	6. COLOR OR RACE caucasian	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/17/84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY Etterville, Mo.	9. AGE (last birthday) 78
13a. FATHER'S NAME Gottlob Dorl		13b. MOTHER'S MAIDEN NAME Wilhelmina Ludwig	12. CITIZEN OF WHAT COUNTRY U.S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of) no		16. SOCIAL SECURITY NO.	14. NAME OF HUSBAND OR WIFE Lena Graham Dorl
17. INFORMANT Lena Dorl		Address Etterville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gastro-intestinal Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) not determined.			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension, arteriosclerosis			PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	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.) Eldon	20f. CITY, TOWN, OR LOCATION Miller Mo.
21. I attended the deceased from 12:15 P.M. 1960 to June 7 1963 and last saw him alive on June 7 1963 Death occurred at 12:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. Shelton M.D.		22b. ADDRESS Eldon, Mo.	22c. DATE SIGNED June 10 1963
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 6/9/63	23c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant	23d. LOCATION (City, town, or county) (State) Eldon Missouri
24. FUNERAL DIRECTOR Phillips Funeral Home		ADDRESS Eldon, Mo.	25. DATE RECD. BY LOCAL REG. June 10, 1963
26. REGISTRAR'S SIGNATURE Olivera W. Dalt			

USE BLACK INK
OR
TYPEWRITER RIBBON

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

Don E. Phillips

Licensed Embalmer No. 5108

P. O. Address Elletts

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.