

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18299**

FILED MAY 21 1957

REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 4445 Registrar's No. 6

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

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) Orrick		c. LENGTH OF STAY (in this place) 67 Yrs.	d. 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 At the home		e. STREET ADDRESS (If rural, give location) 0890	

3. NAME OF DECEASED a. (First) Virginia b. (Middle) E. c. (Last) Dorton		4. DATE OF DEATH Month May Day 12 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 26, 1863
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years) (Last birthday) Months Days Hours Min. 93
11. BIRTHPLACE (City and State or Foreign Country) St. Charles Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Henry Chouquette		13b. MOTHER'S MAIDEN NAME Virginia LeMay		14. NAME OF HUSBAND OR WIFE J. T. Dorton Deceased	
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 H. T. Dorton Orrick Mo.	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Endocarditis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary fire		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1561		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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 April 8, 1957, to May 12, 1957, that I last saw the deceased alive on May 12, 1957, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Gifford J. Simmons - D.O.		23b. ADDRESS Orrick Mo		23c. DATE SIGNED 5-13-57	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 14, 1957		24c. NAME OF CEMETERY OR CREMATORY South Point		24d. LOCATION (City, town, or county) (State) Orrick Mo	
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DATE REC'D BY LOCAL REG. 5-13-57		REGISTRAR'S SIGNATURE Helen J. Laska		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lead Funeral Home Orrick Mo Wilbur M. Galt	
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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.....
Charles J. Tyler

Licensed Embalmer No. 4534

P. O. Address Liberty, Mo.

**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.**