

CERTIFICATE OF DEATH
FILED DEC 23 1968 2

Registration District No.

Primary Registration District No. 3017

Registrar's No. 150

DO NOT WRITE
ON THIS STUB

VS 300

Rev. 1/68

DECEASED—NAME FIRST MIDDLE LAST George Buchanan Dorris			SEX male	DATE OF DEATH (MONTH, DAY, YEAR) December 15, 1968	
1. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) negro		AGE—LAST BIRTHDAY (YEARS) MOS. DAYS 63	UNDER 1 YEAR HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) Dec. 27, 1904	
4. CITY, TOWN, OR LOCATION OF DEATH Boonville		INSIDE CITY LIMITS SPECIFY YES OR NO yes		7. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) St. Joseph Hospital	
7a. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Missouri		CITIZEN OF WHAT COUNTRY U.S.A.		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) deceased	
12. SOCIAL SECURITY NUMBER unknown		13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Custodian		13b. KIND OF BUSINESS OR INDUSTRY Kemper Military School	
14a. RESIDENCE—STATE Missouri		14b. COUNTY Cooper		14c. CITY, TOWN, OR LOCATION Boonville	
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO) yes		14e. STREET AND NUMBER 819 Water St.			
15. FATHER—NAME FIRST MIDDLE LAST Russell Dorris			16. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Nettie Crump		
17. INFORMANT—NAME Mrs. Eva Hearn, daughter			18. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Marion, Indiana		
PART I. DEATH WAS CAUSED BY: (a) Uremia - Anemia (b) Bleeding Intestinal Ulcer (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 weeks 3 weeks		
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (G)					
Hypertension - C.D.A.					
20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		20b. DATE OF INJURY (MONTH, DAY, YEAR)		20c. HOUR	
20d. INJURY AT WORK (SPECIFY YES OR NO)		20e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		20f. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
21a. CERTIFICATION—PHYSICIAN, NURSE, OR OTHER HEALTH CARE PROVIDER 11.21.68		21b. DECEASED FROM 12.15.68		21c. AND LAST SAW HIM/HER ALIVE ON 12.14.68	
21d. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.		21e. HOUR OF DEATH		21f. THE DECEASED WAS PRONOUNCED DEAD 4:35	
22a. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		22b. SIGNATURE T.C. Beckett MD		22c. DATE SIGNED (MONTH, DAY, YEAR) 12.16.68	
22d. MAILING ADDRESS—CERTIFIER Boonville Mo		22e. CITY OR TOWN Boonville		22f. STATE Missouri	
23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		23b. CEMETERY OR CREMATORY—NAME City Cemetery		23c. LOCATION California, Missouri	
24a. DATE Dec. 17, 1968		24b. FUNERAL HOME—NAME AND ADDRESS Bowlin Funeral Home		24c. STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP California, Mo. 65018	
25a. FUNERAL DIRECTOR—SIGNATURE Jack A. Bowlin		25b. REGISTRAR—SIGNATURE B. Hooper		25c. DATE RECEIVED BY LOCAL REGISTRAR Dec. 17, 1968	

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

DEC 31 1968

DEC 27 1968

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 Jack H. Bowlin

Licensed Embalmer No. 4933

P. O. Address California, 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.

Jack H. Bowlin