

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040877

STATE FILE NUMBER

FILED NOV 24 1958

Registration District No. 287

Primary Registration District No. 3048

Registrar's No. 322

S. 300
v. 1-57

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|--|----------------------------------|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Nodaway | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Nodaway | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Hopkins | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp. | | Length of stay in 1b 10 days | d. STREET ADDRESS (If outside, give location) | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First William Middle Thomas Last Dorsey | | | 4. DATE OF DEATH Month Nov. Day 13, Year 1958 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Apr. 19, 1896 | 9. AGE (In years last birthday) 62 | IF UNDER 1 YEAR Months 0 Days 74 Hours 0 Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant | | 10b. KIND OF BUSINESS OR INDUSTRY Restaurant | | 11. BIRTHPLACE (City and state or country) Albany, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME George Dorsey | | 13b. MOTHER'S MAIDEN NAME Harriett Noble | |
| 13c. NAME OF HUSBAND OR WIFE Fleeta Dorsey | | 14. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no | | 15. SOCIAL SECURITY NO. 491 28 2666 | |
| 16. INFORMANT Mrs William Dorsey, Hopkins, Mo. | | 17. ADDRESS | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial degeneration | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bronchiectasis + emphysema 10 yrs | | DUE TO (c) Arthritis Cervical + lumbar spine unknown | | INTERVAL BETWEEN ONSET AND DEATH 6 wks | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Injury in Car wreck July 7th 1958 526F | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input checked="" 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 3 Month 7 Day 7 Year 1958 a.m. am 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.) Swamp crossing | | 20f. CITY, TOWN, OR LOCATION Hopkins | | COUNTY Nodaway STATE Mo | |
| 21. I attended the deceased from Death occurred at 12:30 a. | | to 11/13/58 and last saw him alive on 11/13/58 | | m on the date stated above; and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE C. W. Hill M.D. | | 22b. ADDRESS Hopkins Mo | | 22c. DATE SIGNED 11/14/58 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 11-15-58 | | 23c. NAME OF CEMETERY OR CREMATORY Hopkins | |
| 23d. LOCATION (City, town, or county) Hopkins, Mo. | | 24. FUNERAL DIRECTOR Stanley Swanson | | 25. DATE RECD. BY LOCAL REG. 11-18 58 | |
| 24. ADDRESS Hopkins, Mo. | | 26. REGISTRAR'S SIGNATURE Bess Holt | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

DEC 1 1958

DEC 3 1958

APR 17 1959

VS SEP 1 1959

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 Myself, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Stanley Swanson

Licensed Embalmer No. 3962

P. O. Address Hopkins, 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.