

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3898

State File No.

FILED JAN 13/1958

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Kirkwood		c. CITY OR TOWN Kirkwood 4683	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 weeks		e. STREET ADDRESS (If rural, give location) 428 N. Taylor Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION White Oaks Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) ROYAL		b. (Middle) H.		c. (Last) DORSEY		4. DATE OF DEATH (Month) (Day) (Year) Jan. 1, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 14, 1865	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months 0 Days 17	IF UNDER 2 HRS. Hours 17 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Retired Railroader		10b. KIND OF BUSINESS OR INDUSTRY Railroad Man		11. BIRTHPLACE (City and State or Foreign Country) Perry, Ill.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME John Dorsey		13b. MOTHER'S MAIDEN NAME Jean Hardy		14. NAME OF HUSBAND OR WIFE 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 Mrs. Frances Veale, 428 N. Taylor, Kirkwood	

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, assthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis, metastatic		INTERVAL BETWEEN ONSET AND DEATH 6 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of prostate		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, general		10 years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 177X	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input 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 7-27-, 1957, to Jan 1, 1958, that I last saw the deceased alive on Dec 31, 1957, and that death occurred at 5:15 p. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Jean M.D.</i>	(Degree or title) M.D.	23b. ADDRESS 4500 W PINE	23c. DATE SIGNED 1-2-58
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1/2/58	24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	24d. LOCATION (City, town, or county) (State) Gainesville, Texas

DATE REC'D BY LOCAL REG Jan 2, 58	REGISTRAR'S SIGNATURE <i>Herbert S. Donald</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>W. P. Papp, Jr.</i>	ADDRESS Kirkwood Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Francis J. Myland Jr

Licensed Embalmer No... 4572

P. O. Address *Kulmerville*

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.