

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013200
STATE FILE NUMBER

FILED MAY 9 1958

Registration District No. 27 Primary Registration District No. 5096 Registrar's No. 69

300
1-57
070
3

1. PLACE OF DEATH a. COUNTY <u>Bates</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Arkansas</u> b. COUNTY <u>Independence</u> <u>2030</u>		
b. CITY OR TOWN <u>North of Butler</u> <i>(If outside, complete limits, give TOWNSHIP only)</i> <u>RPD in Ambulance</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Batesville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>North of Butler</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>Route 1</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>AGNES</u> Middle <u>DORSETT</u> Last <u>DORSETT</u>			4. DATE OF DEATH Month <u>April</u> Day <u>21</u> Year <u>1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2-5-96</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>George McLaughlin</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mark T. Dorsett</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Valeria R. Harrett</u> <i>Address Santa Barbara San Clemente, Calif</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Contused & Lacerated brain</u> DUE TO (b) <u>skull fracture</u> DUE TO (c) <u>Fracture of lower part</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Laceration to fore head & scalp about 6 inches long</u>					INTERVAL BETWEEN ONSET AND DEATH
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.) <u>automobile accident. Fracture of left leg.</u>			
20c. TIME OF INJURY Hour <u>10AM</u> Month <u>4</u> Day <u>21</u> Year <u>58</u> a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hiway #71 S. of Butler Mo</u>			
20e. CITY, TOWN, OR LOCATION <u>Butler Mo</u>		20f. COUNTY <u>007 Bates Mo</u>		20g. STATE <u>Mo</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on <u>April 21-1958</u> Death occurred at <u>12:50 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>C. L. Hanson MD</u>			22b. ADDRESS <u>Butler, Mo</u>		22c. DATE SIGNED <u>4-21-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>4-22-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dorsett Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Independence Co., Ark.</u>
24. FUNERAL DIRECTOR <u>Culver Underwood Funeral Ser.</u>		ADDRESS <u>Butler Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Apr: 22-1958</u>	26. REGISTRAR'S SIGNATURE <u>Kendall Keruy</u>	

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *John H. Underwood*

Licensed Embalmer No. *3585*

P. O. Address *Butler 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.