

No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 479

FILED JAN 18 1949

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>Cape Girardeau</u>	
c. LENGTH OF STAY (In this place) <u>20 years</u>		d. STREET ADDRESS (If rural, give location) <u>Merriweather St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>None</u>			

3. NAME OF DECEASED (Type or Print) <u>ROBERT DOYNE DAWSON</u>			4. DATE OF DEATH <u>JAN. 2, 1949</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT 23 1889</u>		9. AGE (In years last birthday) <u>59</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>NEW MADRID MO.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>William Dawson</u>		13b. MOTHER'S MAIDEN NAME <u>ELLA RUTER</u>		14. NAME OF HUSBAND OR WIFE <u>HAURA DAWSON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NO.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dad DAWSON</u> ADDRESS <u>New Madrid</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Primary Carcinoma Lung</u>		DUPLICATE			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>0</u>	

22. I hereby certify that I attended the deceased from 10/5 1948, to 1/2 1949, that I last saw the deceased alive on 1/2 1949, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. H. Keeney M.D.</u>		23b. ADDRESS <u>Cape Girardeau, Mo</u>		23c. DATE SIGNED <u>2/20/49</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN. 4, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen</u>	
				24d. LOCATION (City, town, or county) (State) <u>New Madrid Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Jan 11 - 49</u>		REGISTRAR'S SIGNATURE <u>C. C. Summerst</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard's and Co.</u> ADDRESS <u>New Madrid</u>	
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(Licensed Embalmer's Subscript on Reverse Side)

RECEIVED

Health Officer No. 4

Number 149-87

Date 1-17-49

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

Student Embalmer

Signed

L. H. Lynd

Licensed Embalmer No. 3803

P. O. Address New Madrid 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 this body is not embalmed, fact should be so stated above.