

FILED JAN 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1598

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 15

49
6
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 503 S. Ellis		d. STREET ADDRESS (If rural, give location) 503 S. Ellis	
3. NAME OF DECEASED a. (First) Riley b. (Middle) Dawson c. (Last) Dawson			4. DATE OF DEATH (Month) (Day) (Year) Jan. 18, 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH Dec. 6, 1889
9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Powder Employee	11. BIRTHPLACE (State or foreign country) Glade Arkansas
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Powder Employee		10b. KIND OF BUSINESS OR INDUSTRY Atlas Powder Co.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Dawson		13b. MOTHER'S MAIDEN NAME Emiline Unknown	14. NAME OF MARRIED OR WIFE Irene Dawson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. World War I	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Irene Dawson 503 S. Ellis Webb City.
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion DUE TO (c) 11 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 420	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) m.	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 Jan 6, 1949, to Jan 18, 1949, that I last saw the deceased alive on Jan 18, 1949, and that death occurred at 2:17P m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Errol J. Needels M.D.		23b. ADDRESS Webb City, Mo.	
23c. DATE SIGNED Jan 19, 1949			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 22, 49	24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park	24d. LOCATION (City, town, or county) (State) Joplin, Missouri
DATE REC'D BY LOCAL REG. JAN 21, 1949	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Johnston-Arnice-Simpson Webb City, Mo.	

FEB 23 1948

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.

Signed.....

Harvey E. Orme

Signed.....

Student Embalmer

Licensed Embalmer No. *4465*

P. O. Address *West City, 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.