

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36366**

BIRTH NO.		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1238</u>	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 30 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 402 Hickory St.				d. STREET ADDRESS (If rural, give location) 402 Hickory St.			
3. NAME OF DECEASED (Type or Print) FRED		a. (First)		b. (Middle)		c. (Last) DAWSON	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH March 23, 1859	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Brick layer		10b. KIND OF BUSINESS OR INDUSTRY Building		9. AGE (In years last birthday) 90		11. BIRTHPLACE (State or foreign country) Racine, Wisconsin	
13a. FATHER'S NAME Not Known		13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE Never married		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Minnie Teresinski		ADDRESS 501 E. Kansas Ave.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease Ukn. DUE TO (c) Arteriosclerosis Ukn. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 42200				INTERVAL BETWEEN ONSET AND DEATH 6 days	
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)		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct. 13, 1949, to Nov. 9, 1949, that I last saw the deceased alive on Oct. 28, 1949, and that death occurred at 11:4 a.m., from the causes and on the date stated above.							
23a. SIGNATURE Clement J. Schneider (Degree or title)				23b. ADDRESS The Schneider Bldg. St. Joseph, Missouri		23c. DATE SIGNED 11-14-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 11, 1949		24c. NAME OF CEMETERY OR CREMATORY Ashland Cem.		24d. LOCATION (City, town, or county) (State) St. Joseph Mo.	
DATE REC'D BY LOCAL REG Nov. 16, 1949		REGISTRAR'S SIGNATURE E. B. Jenkins		382 FUNERAL DIRECTOR'S SIGNATURE Emma A. Clark		ADDRESS 120 Illinois Ave.	

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed Emile A. Clark.....

Licensed Embalmer No. 4238.....

P. O. Address St. Joseph, 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.