S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3905

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 262

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Joseph Mo
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mo State Hosp #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Joplin 0495
d. STREET ADDRESS (If rural, give location) ✓ 1

3. NAME OF DECEASED (Type or Print) a. (First) Nellie b. (Middle) ✓ c. (Last) Dawson

4. DATE OF DEATH (Month) 3 (Day) 3 (Year) 1950

5. SEX F 2
6. COLOR OR RACE Col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1
8. DATE OF BIRTH ✓ not known
9. AGE (In years last birthday) 60 + | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Kansas City Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ralph Curtiss
13b. MOTHER'S MAIDEN NAME Mary Powell
14. NAME OF HUSBAND OR WIFE ABE Dawson

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. ✓
17. INFORMANT'S SIGNATURE OR NAME Abe Dawson Husband 3rd St Joplin Mo ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus — INTERVAL BETWEEN ONSET AND DEATH: 1 mo

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) Paresis — 10 yrs

DUE TO (c) — 025X

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* arteriosclerosis — 2 yrs +

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No
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) No m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 1948, *to* Jan 1, 1950, *that I last saw the deceased alive on* 3-3, 1950, *and that death occurred at* 8 40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) C. Elossin MD
23b. ADDRESS State Hospital #2
23c. DATE SIGNED 3-3-1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 3/4/50
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Kirksville, Mo.

DATE REC'D BY LOCAL REG. Mar. 8, 1950
REGISTRAR'S SIGNATURE E. C. Jenkins 382
25. FUNERAL DIRECTOR'S SIGNATURE Barney Funeral Home
ADDRESS St. Joseph

(Licensed Embalmer's Statement on Reverse Side)

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 Victor Barry

Signed .....
Student Embalmer

Licensed Embalmer No. 1412

P. O. Address St Joseph m

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.