

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19792

FRIED JUN 21 1950

BIRTH NO. _____ REG. DIST. NO. 91 PRIMARY REG. DIST. NO. 5330 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Osage</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Osage</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>03rd</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>Dwight</u> b. (Middle) <u>Paris</u> c. (Last) <u>Dawson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-6-1950</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>1-20-1885</u>		9. AGE (In years last birthday) <u>65</u> Months <u>4</u> Days <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Crawford Mo</u>	
13a. FATHER'S NAME <u>Paris Dawson</u>			13b. MOTHER'S MAIDEN NAME <u>Mary L. Buford</u>		14. NAME OF HUSBAND OR WIFE <u>Clarence P. Dawson</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Valvular disease of heart</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 yrs</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>heart</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4214</u>
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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1942 to 6-6, 1950, that I last saw the deceased alive on June 3, 1950, and that death occurred at 2 a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. L. Parker M.D.</u>	23b. ADDRESS <u>St. Louis, Mo</u>	23c. DATE SIGNED <u>6-10-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>1</u>	24b. DATE <u>6-8-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Earliest Cemetery Near Leasburg Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Mo</u>
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DATE REC'D BY LOCAL REG. <u>June 13</u>	REGISTRAR'S SIGNATURE <u>Elsie Hanson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. J. Jones & Son, St. Louis, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

RECEIVED 6-13-50
District Health Officer No. 5,
District File Number 650337
Date Filed 6-19-50

EXAMIN 26100

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 _____

Henry J. Jones
working under my personal supervision.

Student Embalmer No. _____

Student _____
Student Embalmer

Signed *Henry J. Jones*

Licensed Embalmer No. 4658

P. O. Address *Stedwell, W.*

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.