

STANDARD CERTIFICATE OF DEATH

State File No.

23882

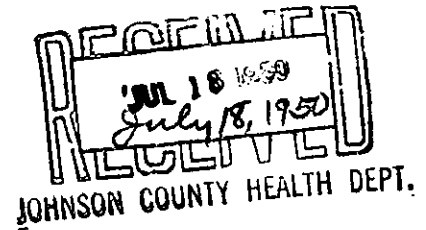
FILED JUL 29 1950

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Warrensburg</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Hospital & Clinic</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. #3</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Goldye</u> b. (Middle) <u>Parthula</u> c. (Last) <u>Dawson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 13, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 21, 1886</u>
9. AGE (In years last birthday) <u>64</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Calvin T. Hall</u>	13b. MOTHER'S MAIDEN NAME <u>Martha J. Reavis</u>	14. NAME OF HUSBAND OR WIFE <u>Orland G. Dawson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>O.G. Dawson</u> ADDRESS <u>Warrensburg, Mo.</u>	
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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of sigmoid</u>			
ANTECEDENT CAUSES Morbidity 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. <u>Large Ovarian Cyst</u>			
19a. DATE OF OPERATION <u>Nov. 24, 1948</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of sigmoid</u>	
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) _____	
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 <u>Aug 10</u> , 19 <u>49</u> , to <u>July 13</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>July 12</u> , 19 <u>50</u> , and that death occurred at <u>6:00 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. J. H. ...</u>		23b. ADDRESS <u>Warrensburg, Mo.</u>	
23c. DATE SIGNED <u>7-18-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>7-15-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cemetery</u>	
24d. LOCATION (City, town, or county) <u>Warrensburg, Mo.</u>		24e. LOCATION (State) _____	
DATE REC'D BY LOCAL REG. <u>July 13, 1950</u>		REGISTRAR'S SIGNATURE <u>Sarah ...</u>	
FUNDING DIRECTOR'S SIGNATURE <u>W. H. ...</u>		ADDRESS <u>Warrensburg, Mo.</u>	

(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 *R. W. Brunninger*

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.