

FILED SEP 8 1950

STANDARD CERTIFICATE OF DEATH

State File No. 227709

BIRTH NO. REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 5847 Registrar's No. 157

140

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

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Burlington Jct.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Burlington Jct. - rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 1/2 miles NE Rural		d. STREET ADDRESS (If rural, give location) 4 1/2 miles NE	

3. NAME OF DECEASED (Type or Print) a. (First) FLOYD	b. (Middle) NELSON	c. (Last) DAWSON	4. DATE OF DEATH (Month) (Day) (Year) 7 24 50
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5/8/94	9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.) 56
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own account	11. BIRTHPLACE (State or foreign country) Holt Co. Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Wm. A. Dawson	13b. MOTHER'S MAIDEN NAME Annie Long	14. NAME OF HUSBAND OR WIFE Bessie Wood Dawson
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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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Floyd N. Dawson, Burlington Jct
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		Unknown
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis		Had previous attacks
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4-20-1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION no operations	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **not attended**, to **July 24, 1950**, that I last saw the deceased alive on **not seen**, and that death occurred at **3 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. J. Dean M. D. (Degree or title) Coroner	23b. ADDRESS Maryville, Missouri	23c. DATE SIGNED 7-28-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7/27/50	24c. NAME OF CEMETERY OR CREMATORY Oak Hill	24d. LOCATION (City, town, or county) (State) Maryville, Missouri
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DATE REC'D BY LOCAL REG. 7-29-50	REGISTRAR'S SIGNATURE Bess Holt	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.
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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 _____

Robert L. Lenter

Licensed Embalmer No. *4782*

P. O. Address _____

Maryville, 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.