

FILED SEP 28 1950

STANDARD CERTIFICATE OF DEATH

State File No. 32471

BIRTH NO. <u>63007-50</u>		REG. DIST. NO. <u>378</u>		PRIMARY REG. DIST. NO. <u>4554</u>		Registrar's No. <u>45</u>	
1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mtn. Grove</u>		c. LENGTH OF STAY (in this place) <u>6 1/2 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mtn. Grove. 11141</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>				d. STREET ADDRESS (If rural, give location) <u>Center Street</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Carolyn</u>		b. (Middle) <u>Sue</u>		c. (Last) <u>Dawson</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 1 1950</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	
8. DATE OF BIRTH <u>Sept. 1 1950</u>		9. AGE (In years last birthday) <u>0</u>		10. MONTHS <u>0</u>		11. DAYS <u>0</u>	
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>0</u>		13. KIND OF BUSINESS OR INDUSTRY <u>0</u>		14. BIRTHPLACE (State or foreign country) <u>Mtn. Grove, Mo.</u>		15. CITIZEN OF WHAT COUNTRY? <u>US.</u>	
16. FATHER'S NAME <u>Billie Dawson</u>		17. MOTHER'S MAIDEN NAME <u>Violet Sullivan Dawson</u>		18. NAME OF HUSBAND OR WIFE <u>0</u>			
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>0</u>		20. SOCIAL SECURITY NO. <u>0</u>		21. INFORMANT'S SIGNATURE OR NAME <u>Billie Dawson</u>		22. ADDRESS <u>Mtn. Grove</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature, (34 weeks)</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>776X</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>0</u>				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>0</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>0</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>0</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>0</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? <u>0</u>			
22. I hereby certify that I attended the deceased from <u>1 Sept</u> , 1950, to <u>1 Sept</u> , 1950, that I last saw the deceased alive on <u>1 Sept</u> , 1950, and that death occurred at <u>9:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>S. W. Coe</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Mountain Grove Mo</u>		23c. DATE SIGNED <u>4 Sept 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 1, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lone Star</u>		24d. LOCATION (City, town, or county) (State) <u>Mtn. Grove Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-11-50</u>		REGISTRAR'S SIGNATURE <u>A. B. Ames</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Theresa Barber, Mtn. Grove</u>		ADDRESS <u>0</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 23 1950
WRIGHT CO. HEALTH DEPT.
County File Number 950715
Date Filed SEP 23 1950

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 _____

Not Embalmed
working under my personal supervision.

Student
Student Embalmer

Signed _____

Student Embalmer No. _____

Licensed Embalmer No. *3848*

P. O. Address *Mtn. Grove, 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.