

FILED NOV 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32736

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 1261

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Industrial City		c. LENGTH OF STAY (in this place) 45 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Industrial City		0110			
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural, Washington Twsp.				d. STREET ADDRESS (If rural, give location) U					
3. NAME OF DECEASED (Type or Print) a. (First) Samuel			b. (Middle) Dawes		c. (Last) Dawes				
4. DATE OF DEATH (Month) (Day) (Year) Nov. 3, 1950									
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Sept. 24, 1869			
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 Hrs. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired teamster			10b. KIND OF BUSINESS OR INDUSTRY Coal Co.		11. BIRTHPLACE (State or foreign country) Flagsprings, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Sofia M. Bentley			14. NAME OF HUSBAND OR WIFE Nettie V. Dawes			
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 Mrs. Nettie V. Dawes ADDRESS Industrial City, Mo.					
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 10 Days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis				DUPLICATE TO (b) Age					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUPLICATE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								4522	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (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) (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 Nov. 25, 1950 Nov. 3, 1950 , that I last saw the deceased alive on Nov. 3, 1950 , and that death occurred at 10:55 p. m. , from the causes and on the date stated above.									
23a. SIGNATURE Leroy Beck, M.D. (Name or title)				23b. ADDRESS King Hill Bldg. St. Joseph, Mo.		23c. DATE SIGNED Nov. 4, 1950			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 6, 1950		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri			
DATE REC'D BY LOCAL REG. Nov. 9, 1950		REGISTRAR'S SIGNATURE Carl C. Casper		25. FUNERAL DIRECTOR'S SIGNATURE Hester Brunner Funeral Home		ADDRESS St. Joseph, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

Mr. Henry Beck

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

William Spalding

Signed.....

Student Embalmer

Licensed Embalmer No. 4535

P. O. Address. 319 S. 11th, St. Joseph, 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.