.S. No. 300
EV. 10.48

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

FILED NOV 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36994

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4593

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY, MO.
c. LENGTH OF STAY (In this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOSEPH HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CASS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KINGSVILLE
d. STREET ADDRESS (If rural, give location): RR #1

0190 / 1

3. NAME OF DECEASED (Type or Print): a. (First) LENA b. (Middle) ODEN FRANCES c. (Last) DAWSON

4. DATE OF DEATH (Month) (Day) (Year): OCT. 31, 1950

5. SEX: F 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M 1
8. DATE OF BIRTH: 10-12-94
9. AGE (In years last birthday): 56 | If under 1 year: Months, Days | If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): KINGSVILLE MO
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME: WILLIAM J FITZGERAL
13b. MOTHER'S MAIDEN NAME: LAURA MANLEY
14. NAME OF HUSBAND OR WIFE: ODEN T DAWSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: ODEN T. DAWSON ADDRESS: KINGSVILLE 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic nephritis and auricular fibrillation of heart
~~DUE TO (c)~~ Dilated pulmonary atelectasis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Recent fracture upper 1/3 rt. femur

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
592 XF
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kingsville R.#1, Cass, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 26, 1950 6a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? tripped on doorsill & fell on floor.

22. I hereby certify that I attended the deceased from R. Thorlogue, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ hrs., from the causes and on the date stated above.

23a. SIGNATURE F. P. Niedermeyer O (Degree or title)
23b. ADDRESS: 5910 McGee, K.C., Mo.
23c. DATE SIGNED: Oct. 31, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: NOV 3 1950
24c. NAME OF CEMETERY OR CREMATORY: WESLEY CHAPEL
24d. LOCATION (City, town, or county) (State): KINGSVILLE MO

DATE REC'D BY LOCAL REG.: 11-1-50
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: Cassaday & Cope Holden, Mo. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

JAN 24 1967

05-07-01

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 W L Canaday

Signed.....
Student Embalmer

Licensed Embalmer No. 3434

P. O. Address Holden, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo } ss.
County of Jackson }

State File No. 36 994

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 4593-50

On this 27th day of February, ~~194~~ 1951, before me appears Lora L. Flora, who, upon her oath, states that the original record of ~~birth~~ death for Lena Oden Dawson, died ~~born~~ 10-31-50, 19..., in the State of Missouri, and which was filed at K C Mo on 11-1-, 1950 should be corrected as follows:

Item No. 3 should read Lena Frances Dawson
Instead of Lena Oden Dawson

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Lora L. Flora
Relationship Sister

11305 E 39th Terr K.C. Mo
Present Address.

Subscribed and sworn to before me this 27th day of February, ~~194~~ 1951

My Commission expires Oct. 21. 1951 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
1—8-43
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