

FILED MAR 12 1951

THE DIVISION OF HEALTH OF THE STATE OF TEXAS  
STANDARD CERTIFICATE OF DEATH

State File No. 1283

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5352 Registrar's No. 29

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Dallas</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Placed Rural</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Placed Rural</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |  | d. STREET ADDRESS (If rural, give location)   |  |

|  |                           |                       |                         |  |
|--|---------------------------|-----------------------|-------------------------|--|
| 3. NAME OF DECEASED<br>(Type or Print) | a. (First) <u>WILLIAM</u> | b. (Middle) <u>T.</u> | c. (Last) <u>DAWSON</u> | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>2-20-1951</u> |
|--|---------------------------|-----------------------|-------------------------|--|

|                    |                               |  |                                   |  |  |   |
|--------------------|-------------------------------|--|-----------------------------------|--|--|---|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u> | 8. DATE OF BIRTH <u>5-29-1868</u> | 9. AGE (In years last birthday)<br><u>82</u> | 10 UNDER 1 YEAR<br>Months <u>10</u> Days <u>21</u> | 11 UNDER 18 Hrs.<br>Hours <u>21</u> Mins. |
|--------------------|-------------------------------|--|-----------------------------------|--|--|---|

|   |                                   |  |  |
|---|-----------------------------------|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>unknown</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|---|-----------------------------------|--|--|

|                                       |  |                                      |
|---------------------------------------|--|--------------------------------------|
| 13a. FATHER'S NAME <u>Will Dawson</u> | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>✓</u> |
|---------------------------------------|--|--------------------------------------|

|  |                         |   |                     |
|--|-------------------------|---|---------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <u>Sherman Admire</u> | ADDRESS <u>Phog</u> |
|--|-------------------------|---|---------------------|

|   |   |  |   |
|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>24 hrs.</u><br><br><u>?</u><br><br><u>4201</u> |
|   | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>arterio sclerosis</u> |  |   |
|   | DUE TO (c)  |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |   |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|---|

|  |  |   |
|--|--|---|
| 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) (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 2-1, 1950, to 2-20, 1950, that I last saw the deceased alive on 2-20, 1950, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|  |                                |                                 |
|--|--------------------------------|---------------------------------|
| 23a. SIGNATURE <u>D. O. Sammon</u> (Degree or title) <u>MD</u> | 23b. ADDRESS <u>Buffalo Mo</u> | 23c. DATE SIGNED <u>2-26-51</u> |
|--|--------------------------------|---------------------------------|

|   |                            |  |   |
|---|----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>2-22-1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell</u> | 24d. LOCATION (City, town, or county) (State) <u>Dallas Mo.</u> |
|---|----------------------------|--|---|

|  |  |   |                           |
|--|--|---|---------------------------|
| DATE REC'D BY LOCAL REG. <u>3/5/51</u> | REGISTRAR'S SIGNATURE <u>Mr. J. B. Jones</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>L. B. Jones</u> | ADDRESS <u>Buffalo Mo</u> |
|--|--|---|---------------------------|

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0300

DIVISION OF HEALTH OF MO.  
District No. 3 - Springfield

RECEIVED MAR 7 1957

Dist. File 351-470

Date Filed 3-9-57

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Frank B. Lane*

Licensed Embalmer No. 2502

P. O. Address Buffalo, 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.