

No. 300 FILED SEP 29 1951  
10. 48THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

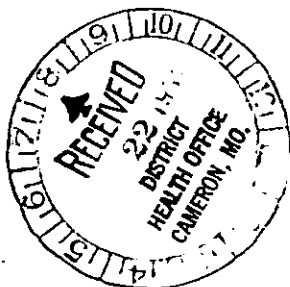
State File No. 29794

Registrar's No. 72

BIRTH NO.		REG. DIST. NO. 72		PRIMARY REG. DIST. NO. 4134		Registrar's No. 72	
1. PLACE OF DEATH a. COUNTY Clay				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Worth			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Smithville		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grant City		11/30	
d. FULL NAME OF HOSPITAL OR INSTITUTION Smithville Community Hospital				d. STREET ADDRESS (If rural, give location) none			
3. NAME OF DECEASED (Type or Print)		a. (First) Abbie		b. (Middle) Edna		c. (Last) Dawson	
4. DATE OF DEATH		(Month) Sept		(Day) 15		(Year) 1951	
5. SEX F		6. COLOR OR RACE W		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH April 8 1865	
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months 5		IF UNDER 1 YEAR Days 7		IF UNDER 1 HRS. 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 none		11. BIRTHPLACE (State or foreign country) Weldon, Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Abraham Roach		13b. MOTHER'S MAIDEN NAME Sarah Dibble		14. NAME OF HUSBAND OR WIFE John C. Dawson (deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS not known			
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) Cerebral Thrombosis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Choleliths & Stones				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332X				20. AUTOPSY? 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) m.		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 June 10, 1946, to Sept 15, 1951, that I last saw the deceased alive on Sept 15, 1951, and that death occurred at 11:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. N. O.		23b. ADDRESS Smithville		23c. DATE SIGNED 9/15/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 9/18/51		24c. NAME OF CEMETERY OR CREMATORY Grant City		24d. LOCATION (City, town, or county) (State) Grant City, Missouri	
DATE REC'D BY LOCAL REG. 9-18-51		REGISTRAR'S SIGNATURE Beulah Ketchum		25. FUNERAL DIRECTOR'S SIGNATURE John C. Dunfee		ADDRESS Grant City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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



0013 1951

### 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

*Arch C. Dimplee*

Licensed Embalmer No. *3252*

P. O. Address *Front City, 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.