

SEP 17 1951

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **29965**
Registrar's No. **780**

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|---|-------------------------------|---|--|---|--|
| BIRTH NO. | | REG. DIST. NO. 128 | | PRIMARY REG. DIST. NO. 2000 | |
| 1. PLACE OF DEATH a. COUNTY Greene | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield | | c. LENGTH OF STAY (in this place) 45 years | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1701 East Grand | | | d. STREET ADDRESS (If rural, give location) 1701 East Grand | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) Lee c. (Last) Dawson | | | 4. DATE OF DEATH (Month) (Day) (Year) Sept 10 1951 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Dec 29, 1882 | |
| 9. AGE (In years last birthday) 68 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Printer | | 11. BIRTHPLACE (State or foreign country) Kentucky | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Printer | | 10b. KIND OF BUSINESS OR INDUSTRY President Printing Co. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Lewis Dawson | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Mrs Hallie Buckner Dawson | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. Unknown | | 17. INFORMANT'S SIGNATURE OR NAME Mrs Hallie Buckner Dawson ADDRESS Springfield, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) bullet wound through skull ANTECEDENT CAUSES Morbid 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. | | | INTERVAL BETWEEN ONSET AND DEATH Instant |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Springfield, Greene Mo. | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-10-51 11:50 PM | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? Shot self. | |
| 22. I hereby certify that I attended the deceased from 10 , to 10 , that I last saw the deceased alive on 10 , and that death occurred at 11:50 PM from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE E. Allen Hickens, Coroner | | 23b. ADDRESS 407 Medical Arts Bldg. | | 23c. DATE SIGNED 9-11-51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Sept 12, 1951 | | 24c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery | |
| 24d. LOCATION (City, town, or county) (State) Springfield, Mo. | | 24e. FUNERAL DIRECTOR'S SIGNATURE Alma Schmeizer | | 24f. ADDRESS Springfield, Mo. | |
| DATE REC'D BY LOCAL REG. 9-11-51 | | REGISTRAR'S SIGNATURE W E Handley | | 25. FUNERAL DIRECTOR'S SIGNATURE Alma Schmeizer | |

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

James W. Warr

Licensed Embalmer No. *4650*

P. O. Address *Springfield, 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.