

## STANDARD CERTIFICATE OF DEATH

State File No. 5810

FILED MAR 5 1952

BIRTH NO. _____		REG. DIST. NO. <u>226</u>		PRIMARY REG. DIST. NO. <u>4338</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>MONROE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MONROE CITY</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MONROE CITY</u> <u>0690</u>			
c. LENGTH OF STAY (in this place) <u>43 Yrs.</u>				d. STREET ADDRESS (If rural, give location) <u>305 S. OAK</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>305 S. OAK</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ELEANOR</u>		b. (Middle) <u>SCOTT</u>		c. (Last) <u>DAWSON</u>	
4. DATE OF DEATH		(Month) <u>JANUARY</u>		(Day) <u>6</u>		(Year) <u>1952</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MARCH 26 1880</u>		9. AGE (In years last birthday) <u>71</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (State or foreign country) <u>Marion County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES S. SCOTT</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA B. PROCTOR</u>		14. NAME OF HUSBAND OR WIFE <u>THOMAS DAWSON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wilfred S. Dawson</u> ADDRESS <u>Monroe City Mo.</u>			
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) <u>CEREBRAL HEMORRHAGE</u>  ANTECEDENT CAUSES Morbidity 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 <u>1 YEAR</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				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 <u>APR 21</u> , 1951, to <u>JAN 6</u> , 1952, that I last saw the deceased (live on) <u>JAN 6</u> , 1952, and that death occurred at <u>10:20 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Walter H. Krebs</u> (Degree or title)				23b. ADDRESS <u>Monroe City, Mo.</u>		23c. DATE SIGNED <u>1/8/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-9-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. JUDES CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MONROE CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>1-10-52</u>		REGISTRAR'S SIGNATURE <u>Anna M. Burdett</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WILSON &amp; SON</u> ADDRESS <u>MONROE CITY, MO.</u>			

(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 me

working under my personal supervision.

Student .....  
Student Embalmer

Signed Leslie L. Wilson  
Student Embalmer No. ....

Licensed Embalmer No. 3014

P. O. Address Monroeville, Pa.

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.