.S. No. 300
EV. 10.48

0150
1

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

FILED JUL 16 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23826

BIRTH NO. _____ REG. DIST. NO. (497-193) PRIMARY REG. DIST. NO. 5-175 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY: Camden-Russell T b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Macks Creek c. LENGTH OF STAY (In this place): life d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Loyd R Dawson	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Missouri b. COUNTY: Camden c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Macks Creek, 0150 d. STREET ADDRESS (If rural, give location): Rural Route #2

3. NAME OF DECEASED (Type or Print): a. (First) Loyd R b. (Middle) Dawson c. (Last)

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1952

5. SEX: Male 6. COLOR OR RACE: Wht 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced 3 8. DATE OF BIRTH: 2-5-1898 9. AGE (In years last birthday): 54 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

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

13a. FATHER'S NAME: Robert Dawson 13b. MOTHER'S MAIDEN NAME: Margret Mills 14. NAME OF HUSBAND OR WIFE: Mary Walton

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 ADDRESS: Records

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrage — 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) Gun shot wound
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. E981X

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): His Home 21c. (CITY, TOWN, OR TOWNSHIP) Russell T (COUNTY) Camden (STATE) Mo

21d. TIME OF INJURY (Month) July (Day) 6 (Year) 52 (Hour) 10 PM m. 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒ 21f. HOW DID INJURY OCCUR? Gun Shot

VIEWED

22. I hereby certify that I ~~attended~~ the deceased from July 6, 1952, ~~to _____, 19____, that I last saw the deceased alive on _____, 19____~~, and that death occurred at 10 P m., from the causes and on the date stated above.

23a. SIGNATURE: Abe Bankson Woolery (Degree or title) Coroner 23b. ADDRESS: Camdenton Mo 23c. DATE SIGNED: July 8-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): buried 24b. DATE: July 9-1952 24c. NAME OF CEMETERY OR CREMATORY: Macks Creek 24d. LOCATION (City, town, or county) Macks Creek (State) Mo

DATE REC'D BY LOCAL REG. 7-8-52 REGISTRAR'S SIGNATURE: G. D. Myers M.D. 25. FUNERAL DIRECTOR'S SIGNATURE: Bankson-Woolery ADDRESS: Camdenton Mo

(Licensed Embalmer's Statement on Reverse Side)

JUL 15 1968

JUL 16 1968

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 Abbie Bankson Woolery

Licensed Embalmer No. 2488

P. O. Address Camdenton, 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.