

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29156

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 3059		Registrar's No. 276	
1. PLACE OF DEATH a. COUNTY St. Francois 0941				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Francois 1940			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonne Terre		c. LENGTH OF STAY (In this place) 3 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Francois Township		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hospital							
3. NAME OF DECEASED (Type or Print) a. (First) Alma		b. (Middle) Janet		c. (Last) Dawson		4. DATE OF DEATH (Month) (Day) (Year) Sept. 3 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 26, 1922		9. AGE (In years last birthday) 30	10. MONTHS 0	11. DAYS 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife & Laundry Helper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Farmington, Missouri		12. CITIZEN OF WHAT COUNTRY? U S	
13a. FATHER'S NAME Guy Wilson Fraser		13b. MOTHER'S MAIDEN NAME Lola Mae Harrington		14. NAME OF HUSBAND OR WIFE Richard Dawson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 495-16-6118		17. INFORMANT'S SIGNATURE OR NAME Richard Dawson			
				ADDRESS Farmington, Mo. R #1			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Lymphatic Leukemia 2-3 mos				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)					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 2040				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 8-31, 1952, to 9-3, 1952, that I last saw the deceased alive on 9-3, 1952, and that death occurred at 11-18 m., from the causes and on the date stated above.							
23a. SIGNATURE F. Richard Crouch M.D.				23b. ADDRESS Farmington Mo.		23c. DATE SIGNED 9-4-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 6, 1952		24c. NAME OF CEMETERY OR CREMATORY K. of P.		24d. LOCATION (City, town, or county) (State) Farmington Mo.	
DATE REC'D BY LOCAL REG. Sept 5, 1952		REGISTRAR'S SIGNATURE Eather Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE Miller Funeral Home Farmington, Mo.			

(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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Paul H. Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington, 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.