

FILED NOV 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37897

State File No.

BIRTH NO.		REG. DIST. NO. <u>49</u>		PRIMARY REG. DIST. NO. <u>5175</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>Camden</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Camden</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>B Ranch MO</u>		c. LENGTH OF STAY (In this place) <u>50 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>B Ranch MO 1150</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>Luella</u> c. (Last) <u>DAWSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-17-52</u>				
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M. 1</u>		8. DATE OF BIRTH <u>Jan-4-1880</u>	
9. AGE (In years last birthday) <u>72</u>		10. IF UNDER 1 YEAR Days <u>10</u> Hours <u>17</u> Min.		11. BIRTHPLACE (State or foreign country) <u>Dallas Co, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY			
13a. FATHER'S NAME <u>CLAYBORN SIMMONS</u>				13b. MOTHER'S MAIDEN NAME <u>MARY ANN FOWLER</u>		14. NAME OF HUSBAND OR WIFE <u>ELIAS DAWSON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Elias Dawson Branch</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, asthma, etc. It means the disease, injury, or complication which caused death. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u> 19b. MAJOR FINDINGS OF OPERATION <u>331X</u>			
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)		20. AUTOPSY? YES ☐ NO ☐	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct 16, 1952</u> to <u>16-17, 1952</u> , that I last saw the deceased alive on <u>11-15-</u> , 1952, and that death occurred at <u>11:55 AM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>G. J. Myers M.D.</u>				23b. ADDRESS <u>Moore Creek MO</u>		23c. DATE SIGNED <u>11-18-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-19-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Dallas Co MO</u>	
DATE REC'D BY LOCAL REG. <u>11-18-52</u>		REGISTRAR'S SIGNATURE <u>G. J. Myers M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Vaughan - Pan</u>		ADDRESS <u>Urban 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.....

....., Student Embalmer No.,
working under my personal supervision.

Student
Student Embalmer

Signed

Allen W. Vaughan

Licensed Embalmer No. *4156*

P. O. Address *Urbana, 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.