

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

38615

4933

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo</u>		c. LENGTH OF STAY (In this place) <u>10 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>7409 Main St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7409 Main</u>				d. STREET ADDRESS <u>7409 Main St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elva</u>		b. (Middle) <u>Elaine</u>		c. (Last) <u>Dawson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-11-52</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>8-27-1921</u>	
9. AGE (In years last birthday) <u>31</u>		10. MONTHS <u>—</u> DAYS <u>—</u> HOURS <u>—</u> MINS. <u>—</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Casper, Wyoming</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Bookkeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>First Natl Bank</u>		13a. FATHER'S NAME <u>James W. Kittrell</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Belle Rowland</u>	
13c. NAME OF HUSBAND OR WIFE <u>Joe E. Dawson</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		15. SOCIAL SECURITY NO. <u>785-10-9442</u>		16. INFORMANT'S SIGNATURE OR NAME <u>Mrs Bert Wade, Riverton La</u>	
17. ADDRESS <u>Riverton La</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause of death unknown</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Alcohol analysis pending</u> DUE TO (c) <u>for alcoholism</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Suspected suicide</u> 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: <u>East Refused</u>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>			
21b. PLACE OF INJURY (a.e., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-11-52</u>			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>alcoholism</u>				22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title)		23b. ADDRESS <u>1034 Reaktor Blvd</u>		23c. DATE SIGNED <u>11-12-52</u>			
24a. BURIAL/CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-14-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverton Iowa</u>		24d. LOCATION (City, town, or county) (State) <u>Riverton Iowa</u>	
DATE REC'D BY LOCAL REG. <u>11-12-52</u>		REGISTRAR'S SIGNATURE <u>Heraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Warnall</u> ADDRESS <u>Funeral Home</u>			

(Licensed Embalmer's Statement on Reverse Side)

K-C-MO.

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

Russell N France

Licensed Embalmer No. *4255*

P. O. Address *K C MW*

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.