

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20493

State File No. \_\_\_\_\_

FILED JUN 9 1953

REG. DIST. NO. 353

PRIMARY REG. DIST. NO. 6196

Registrar's No. 9

BIRTH NO. _____		REG. DIST. NO. 353		PRIMARY REG. DIST. NO. 6196		Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY <u>Texas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Texas</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Sherrell</u>		c. LENGTH OF STAY (in this place) <u>4 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Sherrell 1070</u>		d. STREET ADDRESS (If rural, give location) <u>Near Fickling MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			

3. NAME OF DECEASED (Type or Print) <u>Garold Francis Dawson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 26 1953</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 26 1926</u>	9. AGE (in years last birthday) <u>26</u>	10. MONTHS <u>0</u>	11. DAYS <u>0</u>	12. HOURS <u>0</u>	13. MIN. <u>0</u>
10a. USUAL OCCUPATION (Of the kind of work done during most of working life when last retired) <u>line filler</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State and foreign country) <u>Laclede Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Thurley B Dawson</u>			13b. MOTHER'S MAIDEN NAME <u>Letha Williams</u>			14. NAME OF HUSBAND OR WIFE <u>Fay Dawson</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes WW2</u>	16. SOCIAL SECURITY <u>489-26-0730</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Fay Dawson</u>		ADDRESS <u>Fickling Mo</u>	
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>D. rabies</u>			INTERVAL BETWEEN ONSET AND DEATH	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>This patient died</u>  DUE TO (c) <u>not have medical</u>				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>care &amp; undiagnosed</u>				

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION  <u>260X</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	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) <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to April 25, 1953 that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 10:15 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>L. A. Randall MD</u>	(Degree or title)	23b. ADDRESS <u>Dickinson Mo</u>	23c. DATE SIGNED <u>5/29/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-29-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fickling Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Fickling Mo</u>
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DATE REC'D BY LOCAL REG. <u>June 2, 1953</u>	REGISTRAR'S SIGNATURE <u>Elvora Hessel</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith &amp; Ferguson</u>	ADDRESS <u>Fickling Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JUN 16 1953

FEB 17 1954

JUN 2 1958

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 *Hubert E. Ferguson*

Licensed Embalmer No. *18945*

P. O. Address *Peking 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.