

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **23851**

FILED AUG 5 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **3005** Registrar's No. **75**

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Butler</b>		c. CITY OR TOWN <b>Butler</b>	
c. LENGTH OF STAY (in this place) <b>46 yrs</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>309 N. Delaware</b>		e. STREET ADDRESS (If rural, give location) <b>309 N. Delaware 0091</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>EMMA NAONI</b>			b. (Middle) <b>DAWSON</b>		
c. (Last) <b>DAWSON</b>			4. DATE OF DEATH <b>July 28, 1953</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>3-10-1881</b>	9. AGE (In years last birthday) <b>72</b>	10. IF UNDER 1 YEAR Months <b>4</b> Days <b>18</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Rich Hill, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>George White</b>		13b. MOTHER'S MAIDEN NAME <b>Armintha Van Benthusen Watt Dawson</b>		14. NAME OF HUSBAND OR WIFE <b>Watt Dawson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mildred Lusk Butler, Mo.</b>	

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.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ACUTE CORONARY OCCLUSION</b>		DUE TO (b) <b>GENERALIZED ARTERIOSCLEROSIS</b>		<b>10 MIN.</b>	
ANTECEDENT CAUSES		DUE TO (c) <b>ARTERIAL HYPERTENSION</b>		<b>UNDET.</b>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<b>CHRONIC MYOCARDITIS</b>		<b>UNDET.</b>	
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 <b>4201</b>		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) (Minute)		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 **OCT 1948**, to **July 28, 1953**, that I last saw the deceased alive on **July 28, 1953**, and that death occurred at **5:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John M. Cooper M.D.</b>		23b. ADDRESS <b>BUTLER MO</b>		23c. DATE SIGNED <b>July 31, 1953</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-30-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oakhill Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Butler, Missouri</b>					

DATE REC'D BY LOCAL REG. <b>July 31-1953</b>		REGISTRAR'S SIGNATURE <b>Kendall Kinsky</b>		FUNERAL DIRECTOR'S SIGNATURE <b>John G. Underwood</b>	
		ADDRESS <b>17- Butler, Mo</b>			

(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.....  
Signature of Student Embalmer

Signed *Ronald G. Stenbeck*

Licensed Embalmer No. *465*

P. O. Address *Birtley*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.