

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

32601

State File No.

FILED OCT 13 1953

BIRTH NO.		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>202</u>	
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla, Mo</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. James, Mo</u>		0810	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Phelps Co Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>John</u>		b. (Middle) <u>Henry</u>		c. (Last) <u>Dawson</u>	
				4. DATE OF DEATH		(Month) (Day) (Year) <u>Oct</u> <u>6</u> <u>1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec 17, 1866</u>	
9. AGE (In years last birthday) <u>86</u>		10. UNDER 1 YEAR Months <u>9</u> Days <u>19</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>					
13a. FATHER'S NAME <u>William Dawson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Branstetter</u>		14. NAME OF HUSBAND OR WIFE <u>Anna</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Docia Bullock, St. James, Missouri</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBROVASCULAR ACCIDENT</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CEREBRAL ARTERIO SCLEROSIS</u> DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>PNEUMONIA</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 DAYS</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334 X</u>				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) (Min.)		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 <u>10-2-53</u> , 19__, to <u>10-6-53</u> , 19__, that I last saw the deceased alive on <u>10-6-53</u> , 19__, and that death occurred at <u>10:59</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>ST. JAMES, MO.</u>		23c. DATE SIGNED <u>10/7/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 9 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. James, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 8, 1953</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Jesse Baker, St. James, Mo</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number _____

Date Filed 10-12-53

TO: WILLIAM A. JOSEPHSON

FROM: ST. JAMES, MISSOURI

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 _____

working under my personal supervision.

Student Embalmer No.

Signed C. Jean Gahr

Signed.....
Student Embalmer

Licensed Embalmer No. 4486

P. O. Address St. James, Missouri

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.