

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5748

State File No.

BIRTH NO.		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 51	
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri MO COUNTY MO			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Madison R R 0690			
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital				d. STREET ADDRESS (If rural, give location) XXXXXXX			
3. NAME OF DECEASED (Type or Print)		a. (First) Ira		b. (Middle) Moss		c. (Last) Dawson	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, married (Specify)		8. DATE OF BIRTH 6/1/1885	
9. AGE (In years, last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		11. BIRTHPLACE (State or foreign country) Monroe Co Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Edward Fryor Dawson				13b. MOTHER'S MAIDEN NAME Elizabeth Virginia Thompson		14. NAME OF HUSBAND OR WIFE Mary William Dawson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Maud Dawson ADDRESS Madison, Mo	
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) Acute Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumonia & Effusion, 10 days DUE TO (c) Subarachnoid Hemorrhage 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		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. HOW DID INJURY OCCUR?	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from Mar 4 , 19 54 , to Mar 5 , 19 54 , that I last saw the deceased alive on Mar 4 , 19 54 , and that death occurred at 4:30 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M. M. Lewis, M.D.		23b. ADDRESS Moberly, Mo.		23c. DATE SIGNED Mar 8 '54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mch 7, 1954		24c. NAME OF CEMETERY OR CREMATORY Sunset Hill		24d. LOCATION (City, town, or county) (State) Madison Mo	
DATE REC'D BY LOCAL REG. Mch 7-54		REGISTRAR'S SIGNATURE Lead William Lowe		25. FUNERAL DIRECTOR'S SIGNATURE Maadson Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

APR 7 1954
MAY 28 1954

JUN 1 1954

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 _____

Licensed Embalmer No. 1420

P. O. Address Muskegon, Mich.

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.