

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **9674**

FILED APR 2 1954 REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **4427** Registrar's No. **34**

1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Miller			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville Mo.		c. LENGTH OF STAY (in this place) 0		c. CITY OR TOWN Iberia		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE				e. STREET ADDRESS (If rural, give location) 0850			
3. NAME OF DECEASED (Type or Print) a. (First) Janet b. (Middle) Kay c. (Last) Dawson				4. DATE OF DEATH (Month) (Day) (Year) March 19, 1954			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Dec. 17, 1936	
9. AGE (In years last birthday) 17		10. MONTHS 17		11. DAYS 17		12. HOURS 17	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and State or Foreign Country) Miller Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Dawson				13b. MOTHER'S MAIDEN NAME Hazel Miller		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph Dawson Iberia, 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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Fractured Vertebrae 2-3 & Cervical Fractured Skull mandible & maxilla Auto Accident II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH INSTANT			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒			
21a. ACCIDENT SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) Country road		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Waynesville Pulaski Missouri		21d. TIME (Month) (Day) (Year) (Hour) March 14, 1954 10:10 P.M.	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? CAR ACCIDENT		085			
22. I hereby certify that I attended the deceased from MARCH 19, 1954 , to March 19, 1954 , that I last saw the deceased alive on March 19, 1954 , and that death occurred at 10:10 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Billy J. Hedges				23b. ADDRESS Richland Mo.		23c. DATE SIGNED 3/21/54	
24a. BURIAL CREMATION (Specify) Burial		24b. DATE 3/22/54		24c. NAME OF CEMETERY OR CREMATORY Iberia		24d. LOCATION (City, town, or county) (State) Iberia Mo.	
DATE REC'D BY LOCAL REG. 3-22-54		REGISTRAR'S SIGNATURE Eula Mae Anderson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hedges Funeral Homes Iberia, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48
9503

Date Filed 3-22-54
File Number

Pratt County Health Officer

RECEIVED 3-22-54

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 *Walter D. Redges*.....

Licensed Embalmer No. 4265

P. O. Address *Henri, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (2)
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.