

STANDARD CERTIFICATE OF DEATH

16899

State File No.

FILED JUN 8 1954

BIRTH NO. _____ REG. DIST. NO. 279 PRIMARY REG. DIST. NO. 5957 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>	
b. CITY OR TOWN <u>EOLIA</u>		c. CITY OR TOWN <u>RURAL-PRAMIEVILLE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1-BLOCK EAST OF POST OFFICE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>0820A</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>FRANK</u>	b. (Middle) <u>FALMER</u>	c. (Last) <u>DAWSON</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>MAY 28 1954</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>April 29, 1911</u>	9. AGE (In years) (Months) (Days)
		<u>Married</u>		<u>43 1</u>

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Pike Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>RICHARD DAWSON</u>	13b. MOTHER'S M maiden name <u>JENNIE LEE PALMER</u>	14. NAME OF HUSBAND OR WIFE <u>DOROTHY DAWSON</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy Dawson, Eolia, Mo.</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac insufficiency</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary insufficiency</u>		
	DUE TO (c)		
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 <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on May 28, 1954, and that death occurred at 10⁰⁵ p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. L. Barnhill D.O.</u>	23b. ADDRESS <u>Bowling Green Mo.</u>	23c. DATE SIGNED <u>5/29/54</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE <u>May 30, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>EOLIA CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>EOLIA, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>6-4-54</u>	REGISTRAR'S SIGNATURE <u>Rude Richard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>GEO. M. COLLIER, LOUISIANA, MO.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE PERMANENT RECORD

No. 300
10-48

JUN 18 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.....
Signature of Student Embalmer

Signed *Geo. M. Callie*

Licensed Embalmer No. *283*

P. O. Address *Louisiana*

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.