

FILED SEP 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26693

State File No.

BIRTH NO.		REG. DIST. NO. <u>96</u>		PRIMARY REG. DIST. NO. <u>5352</u>		Registrar's No. <u>56</u>			
1. PLACE OF DEATH a. COUNTY <u>Dallas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Dallas</u>					
b. CITY OR TOWN <u>Rural - Sherman</u>		c. LENGTH OF STAY (in this place) <u>24 hrs</u>		c. CITY OR TOWN <u>Rural - Sherman</u>		d. STREET ADDRESS (If rural, give location) <u>0200</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Samuel</u> c. (Last) <u>Dawson</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Sept-1-54</u>					
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W.</u>		8. DATE OF BIRTH <u>July-22-1871</u>			
9. AGE (In years last birthday) <u>83</u>		10. MONTHS <u>1</u>		11. DAYS <u>8</u>		12. HOURS <u>1</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Camden Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>William Dawson</u>		13b. MOTHER'S MAIDEN NAME <u>Michael Piety Doris Leona Belle Dawson</u>		14. NAME OF HUSBAND OR WIFE <u>John Dawson</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Dawson</u> ADDRESS <u>PL 24, Mo</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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular renal</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>senility</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 _____				MEDICAL CERTIFICATION 19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES ☐ NO ☐	
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) <u>442 X</u>		22. I hereby certify that I attended the deceased from <u>Aug 5, 1954</u> , to <u>Sept 1, 1954</u> , that I last saw the deceased alive on <u>Aug 27, 1954</u> , and that death occurred at <u>9:20 P</u> m., from the causes and on the date stated above.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>Aug 5, 1954</u> , to <u>Sept 1, 1954</u> , that I last saw the deceased alive on <u>Aug 27, 1954</u> , and that death occurred at <u>9:20 P</u> m., from the causes and on the date stated above.				23a. SIGNATURE (Degree or title) <u>C. D. Bailer</u>					
23b. ADDRESS <u>212 W. Main St.</u>		23c. DATE SIGNED <u>Sept 4</u>		24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>					
24b. DATE <u>9-3-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Dallas Co. MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen W. Vaughan</u> ADDRESS <u>Urban, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>9/13/54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Grace</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen W. Vaughan</u> ADDRESS <u>Urban, Mo.</u>					

(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.

Signed.....
Student Embalmer

Signed Allen W. Vaughan

Licensed Embalmer No. 4156

P. O. Address Urbana, Mo

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.