

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29994

State File No. ....

FILED OCT 13 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 49 PRIMARY REG. DIST. NO. 5175 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Russell</u>	c. LENGTH OF STAY (In this place) <u>25 yrs</u>	c. CITY OR TOWN <u>Rural Russell</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____		e. STREET ADDRESS (If rural, give location) <u>0150</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ELIAS</u>	b. (Middle) <u>(None)</u>	c. (Last) <u>Dawson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 30 - 1954</u>
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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>Sept-3-1870</u>	9. AGE (In years last birthday) <u>84</u>	If UNDER 1 YEAR Months <u>27</u> Days _____ Hours _____	If UNDER 24 Hrs. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FORMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dallas Co</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Mills Dawson</u>	13b. MOTHER'S MAIDEN NAME <u>Lucinda Stewart</u>	14. NAME OF HUSBAND OR WIFE <u>Luella 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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>M. Teddy Dawson</u> ADDRESS <u>McKee Creek, Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Subarachnoid hemorrhage</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 _____	19b. MAJOR FINDINGS OF OPERATION _____	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) <u>442X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 Aug 15, 1954, to Sept 30, 1954, that I last saw the deceased alive on Sept 29, 1954, and that death occurred at 6 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C O Bailey</u>	23b. ADDRESS <u>Do 2 Indiana Ave</u>	23c. DATE SIGNED <u>Oct 1 - 54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Oct 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>
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DATE REC'D BY LOCAL REG <u>Oct 5 - 54</u>	REGISTRAR'S SIGNATURE <u>Alda R. Eldred</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen W. Vaughan</u> ADDRESS <u>Urban, Mo</u>
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(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..

Student.....  
Signature of Student Embalmer

Signed *Allen W. Saughan*

Licensed Embalmer No. 41

P. O. Address *Urbana*

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

*Handwritten marks at the bottom of the page.*