

FILED SEP 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31009**

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>4577</u>			
1. PLACE OF DEATH a. COUNTY <u>JASPER</u> b. CITY OR TOWN <u>Joplin</u> c. LENGTH OF STAY (in this place) <u>3 HR</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOHN'S HOSP</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>McDonnell</u> c. CITY OR TOWN <u>Pineville</u> d. STREET ADDRESS <u>2600</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JENNIS</u> b. (Middle) <u>ROY</u> c. (Last) <u>DAWSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-6-1954</u>		5. SEX <u>M</u> 6. COLOR OR RACE <u>W</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>N.M.</u>				
8. DATE OF BIRTH <u>12-26-1952</u>		9. AGE (In years last birthday) <u>1</u> if UNDER 1 YEAR: Months <u>8</u> Days <u>10</u> if UNDER 1 HR. Hours <u>1</u> Min. <u>1</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>L</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Phoenice Alabama</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>ROY W DAWSON</u>		13b. MOTHER'S MARDEN NAME <u>BETTY DEWITT</u>			
14. NAME OF HUSBAND OR WIFE _____		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 _____ ADDRESS _____			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) <u>Aspiration pneumonia with atelectasis, right lung.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Vomitus</u> DUE TO (c) <u>Vigorous enemas because of congenital megacolon</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Congenital megacolon</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6-8 hours</u> <u>8 hours</u> <u>10 hrs.</u> <u>Since birth</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		7562			
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. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____			
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 <u>9-6-54</u> , 19 <u>54</u> , to <u>9-6-54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>9-6-54</u> , 19 <u>54</u> , and that death occurred at <u>3:30 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u>				23b. ADDRESS <u>308 Frisco Bldg., Joplin, Mo.</u>		23c. DATE SIGNED <u>9-16-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-8-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>UNION CEM</u>		24d. LOCATION (City, town, or county) (State) <u>STEUBA, MO.</u>			
DATE REC'D BY LOCAL REG. <u>9-17-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS _____					

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

(License Embelmer's Statute on Reverse Side)

RECEIVED SEP 20 1954
Jasper County Health Office
County File Number 54-9-788
Date Filed SEP 21 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 J. P. Humphrey Jr.
Licensed Embalmer No. 4708

P. O. Address Noel 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.