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FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21783

BIRTH NO. _____ REG. DIST. NO. 129 PRIMARY REG. DIST. NO. 200 Registrar's No. 704

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -- a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>	c. LENGTH OF STAY (in this place) <u>D.O.A.</u>	c. CITY OR TOWN <u>Stockton</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 HOSPITAL OR INSTITUTION <u>Burge Hospital</u>		e. STREET ADDRESS <u>0201</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HAROLD</u> b. (Middle) <u>EUGENE</u> c. (Last) <u>DAWES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 11, 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, never married <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>August 20, 1930</u>
9. AGE (in years last birthday) <u>24</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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 (City and State or Foreign Country) <input checked="" type="checkbox"/> <u>Stockton, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>W. O. Dawes</u>	13b. MOTHER'S MAIDEN NAME <u>Ruth Forest</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>Korean War</u>	16. SOCIAL SECURITY NO. <u>yes</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W. O. Dawes, Stockton, Missouri</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>fracture of skull, Temporal region</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Crushed Chest</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"/>
21a. ACCIDENT (Specify) <u>Homicide Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Auto Accident</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Greene Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug. 11 1955 1:30 A</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto overturned on curve in highway.</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edith Williams</u>	23b. ADDRESS <u>Springfield, Missouri</u>	23c. DATE SIGNED <u>8/11/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>August 11, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Canton Funeral Home</u>
24d. LOCATION (City, town, or county) (State) <u>Stockton, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>8/11/55</u>	REGISTRAR'S SIGNATURE <u>Edith Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alma Lohmeyer - Jewell B. Wendle</u> <u>Springfield, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 19 1955

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 *Robert E. Muhleman*

Licensed Embalmer No. *4916*

P. O. Address *Springfield*

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.