

State File No. _____

FILED AUG 5 - 1955

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Register's No. _____

287

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDEPENDENCE, MO.		c. LENGTH OF STAY (in this place) 37 YEARS		c. CITY OR TOWN INDEPENDENCE		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3207 SANTA FE ROAD				e. STREET ADDRESS (If rural, give location) 3207 SANTA FE ROAD 70050			
3. NAME OF DECEASED (Type or Print) ALICE		a. (First) b. (Middle) ISABELLE c. (Last) DAWSON		4. DATE OF DEATH (Month) (Day) (Year) JULY 27 1955			
5. SEX FEMALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH APRIL 6 1868	
9. AGE (In years last birthday) 88		10. AGE (In years last birthday) 88		11. BIRTHPLACE (City and State or Foreign Country) ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE SAMUEL M. DAWSON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. GEORGIA A. COFFEY 3207 SANTA FE ROAD INDEPENDENCE, MO.			
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) Generalized Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Breast DUE TO (c) 170X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
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 10:20p. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H.C. Beardsley, M.D.				23b. ADDRESS 6627 Brush Creek Rd		23c. DATE SIGNED 7-28-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY 30 1955		24c. NAME OF CEMETERY OR CREMATORY MT. MORIAN CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 7-30-55		REGISTRAR'S SIGNATURE H.C. Beardsley		25. FUNERAL DIRECTOR'S SIGNATURE 1331 ADDRESS R.T. MO. D.W. NEWSOMER SONS BRUSH CREEK BLVD			

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 Kessel

Licensed Embalmer No. 4690

P. O. Address K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.