

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

41316

State File No. \_\_\_\_\_

FILED JAN 4 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5707 Registrar's No. 1-56

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>McDonald</u>                                                                                                                                                                                                                                     |  |                                                                                                                  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                           |  |
| b. CITY OR TOWN <u>Rural McMillan Twp</u>                                                                                                                                                                                                                                          |  | c. LENGTH OF STAY (in this place) <u>7 yrs</u>                                                                   |  | c. CITY OR TOWN <u>Anderson</u>                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Anderson R.F.D. 2</u>                                                                                                                                                                                                                   |  |                                                                                                                  |  | e. STREET ADDRESS (If rural, give location) <u>R.F.D. 2</u>                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                           |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>GRACIE</u> b. (Middle) <u>BELLE</u> c. (Last) <u>DAWSON</u>                                                                                                                                                                   |  |                                                                                                                  |  | 4. DATE OF DEATH (Month) <u>12</u> (Day) <u>24</u> (Year) <u>1955</u>                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                           |  |
| 5. SEX <u>F</u>                                                                                                                                                                                                                                                                    |  | 6. COLOR OR RACE <u>W</u>                                                                                        |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>                                                                                                                                                                                                                                                                                                                                                                                            |  | 8. DATE OF BIRTH <u>9-16-1879</u>                                                                                         |  |
| 9. AGE (In years last birthday) <u>76</u>                                                                                                                                                                                                                                          |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School teacher</u> |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Montgomery Co. Mass</u>                                             |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>                                                                                                                                                                                                                                           |  |                                                                                                                  |  | 13a. FATHER'S NAME <u>Benjamin Houston</u>                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                           |  |
| 13b. MOTHER'S MAIDEN NAME <u>Sara Huston</u>                                                                                                                                                                                                                                       |  |                                                                                                                  |  | 14. NAME OF HUSBAND OR WIFE <u>Cooper Dawson</u>                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                           |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>✓</u>                                                                                                                                                        |  |                                                                                                                  |  | 16. SOCIAL SECURITY NO. _____                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                           |  |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Cooper Dawson</u>                                                                                                                                                                                                                             |  |                                                                                                                  |  | ADDRESS <u>Anderson, Mo.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                           |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hickes &amp; Matthews Const</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Hickes &amp; Matthews</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>260X</u> |  |                                                                                                                           |  |
| 19a. DATE OF OPERATION _____                                                                                                                                                                                                                                                       |  |                                                                                                                  |  | 19b. MAJOR FINDINGS OF OPERATION _____                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                           |  |
| 20. AUTOPSY? YES <input 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) _____                                                                                                                                                                                                                                                                                                                                                                                                |  | 21f. HOW DID INJURY OCCUR? _____                                                                                          |  |
| 21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____                                                                                                                                                                                                            |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                           |  |
| 22. I hereby certify that I attended the deceased from <u>12/14</u> , 19 <u>55</u> , to <u>12/21</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12/20</u> , 19 <u>55</u> , and that death occurred at <u>9 P.</u> m., from the causes and on the date stated above. |  |                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                           |  |
| 23a. SIGNATURE <u>Edmund H. H.</u> (Degree or title) _____                                                                                                                                                                                                                         |  |                                                                                                                  |  | 23b. ADDRESS <u>Anderson, Mo.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 23c. DATE SIGNED <u>12/24/55</u>                                                                                          |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>                                                                                                                                                                                                                            |  | 24b. DATE <u>12-26-1955</u>                                                                                      |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Anderson Cemetery</u>                                                                                                                                                                                                                                                                                                                                                                                                      |  | 24d. LOCATION (City, town, or county) <u>Anderson, Mo.</u> (State) _____                                                  |  |
| DATE REC'D BY LOCAL REG. <u>12-25-55</u>                                                                                                                                                                                                                                           |  | REGISTRAR'S SIGNATURE <u>Maynard McIntire</u>                                                                    |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Humphrey &amp; Cheatham</u> ADDRESS <u>Anderson, Mo.</u>                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                           |  |

(Licensed Embalmer) Statement on Reverse Side

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

JAN 20 1958

### 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 me....., Student Embalmer No. ✓.....  
working under my personal supervision..

Student ✓.....  
Signature of Student Embalmer

Signed R.E. Cheatham.....

Licensed Embalmer No. 381.....

P. O. Address Anderson.....

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