

No. 300  
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FILED APR 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13692**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 176

1. PLACE OF DEATH  
a. COUNTY **JASPER**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **MISSOURI** b. COUNTY **JASPER**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **JOPLIN** c. LENGTH OF STAY (in this place) **YRS**

c. CITY OR TOWN **JOPLIN** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **3006 VIRGINIA AVE**

e. STREET ADDRESS (If rural, give location) **3006 VIRGINIA AVE. 0495**

3. NAME OF DECEASED (Type or Print)  
a. (First) **FRED** b. (Middle) **MARCUS** c. (Last) **DAWES**

4. DATE OF DEATH (Month) (Day) (Year)  
**APRIL 20, 1956**

5. SEX **M** 6. COLOR OR RACE **W**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED**

8. DATE OF BIRTH **DEC. 3, 1890**

9. AGE (In years last birthday) **65** 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) **RETIRED BOILER MAKER**

10b. KIND OF BUSINESS OR INDUSTRY **BOILER WORKS**

11. BIRTHPLACE (City and State or Foreign Country) **TOPEKA, KANSAS**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **WESLEY DAWES**

13b. MOTHER'S MAIDEN NAME **UNK**

14. NAME OF HUSBAND OR WIFE **MRS. EVA DAWES**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **UNK**

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
**MRS. EVA DAWES, 3006 VIRGINIA AVE.**

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) **Coronary thrombus!**  
ANTECEDENT CAUSES  
DUE TO (b) **Stroke**  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) **thrombus entering heart**  
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 **334x**

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-15-56, 1956 to 4-20, 1956, that I last saw the deceased alive on 4-20, 1956 and that death occurred at 7:10 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Dr. Dane C. Bachler M.D.**

23b. ADDRESS **223 W. 3rd**

23c. DATE SIGNED **4-21-56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **CREMATION**

24b. DATE **4-23-56**

24c. NAME OF CEMETERY OR CREMATORY **D. W. NEWCOMER'S SONS**

24d. LOCATION (City, town, or county) (State) **KANSAS CITY, MISSOURI**

DATE REC'D BY LOCAL REG. **4-21-56**

REGISTRAR'S SIGNATURE **Noelle Merriam**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **STEVE PARKER MORTUARY, JOPLIN, MO.**

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

RECEIVED  
Jasper County Health Office  
Date Filed

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Jasper County Health Office  
Date Filed

RECEIVED  
Jasper County Health Office  
County File Number: 56-4-345  
Date Filed: APR 2, 1956

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 *F. M. Jones* .....

Licensed Embalmer No. 231

P. O. Address *Joplin* .....

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.