

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 22 1956

State File No. 36767

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4515 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>SULLIVAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SULLIVAN</u>	
b. CITY OR TOWN <u>MIWAN MO</u>	c. LENGTH OF STAY (if this place) <u>4 days</u>	c. CITY OR TOWN	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>SULLIVAN COUNTY MEMORIAL HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>LIBERTY TOWNSHIP</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>OTHAL</u>	b. (Middle) <u>ITIS</u>	c. (Last) <u>DAWSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10 5 1956</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>10-19-1893</u>
9. AGE (In years last birthday) <u>82</u>	if UNDER 1 YEAR Months <u>4</u> Days <u>16</u>	if UNDER 24 HRS. Hours <u></u> Min. <u></u>	
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></u>	11. BIRTHPLACE (City and State or Foreign Country) <u>DAVIESS COUNTY - MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>CHARLEY T. DAWSON</u>	13b. MOTHER'S MAIDEN NAME <u>MARY MOULIN</u>	14. NAME OF HUSBAND OR WIFE <u>Lillie DEARING DAWSON</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HARRY DAWSON GILMAN CITY - MO</u>	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 da</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>advanced arteriosclerosis</u>		10 yrs
	DUE TO (c) <u></u>		
	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 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)	4221
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 1/15 1950 to 10/5 1956, that I last saw the deceased alive on 10/4 1956, and that death occurred at 4:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u></u>	23b. ADDRESS <u>Harris MO</u>	23c. DATE SIGNED <u>10/6/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10/8/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ASBURY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>SULLIVAN COUNTY MO.</u>
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DATE REC'D BY LOCAL REG. <u>10-15-56</u>	REGISTRAR'S SIGNATURE <u>Mrs. M. W. Beckett</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schoenes MIWAN, MO</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *Dwight Schoene*

Licensed Embalmer No. *2667*

P. O. Address *Wular, W.*

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.