

FILED NOV 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36835

BIRTH NO. _____ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 4538 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY WAYNE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY WAYNE	
b. CITY OR TOWN PIEDMONT		c. CITY OR TOWN PIEDMONT	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 1110	
3. NAME OF DECEASED (Type or Print) a. (First) PAUL b. (Middle) SANFORD c. (Last) DAWSON			4. DATE OF DEATH (Month) (Day) (Year) NOV 7 56
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED	8. DATE OF BIRTH NOV. 25, 1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING - Merchant		10b. KIND OF BUSINESS OR INDUSTRY FARM-MERCHANT	9. AGE (In years last birthday) 80
11. BIRTHPLACE (City and State or Foreign Country) MONROE COUNTY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Milton Smith Dawson		13b. MOTHER'S MAIDEN NAME Martha Sanford	
14. NAME OF HUSBAND OR WIFE OMA Jewell FORD		17. INFORMANT'S SIGNATURE OR NAME Milton F. Dawson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-09-4194	
17. ADDRESS Piedmont, Mo.		18. CAUSE OF DEATH	
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) Myocardial infarction ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Adipose sclerosis. 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"/>		4221	
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) Piedmont Wayne Mo		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 8-10, 1956, to 11-2, 1956, that I last saw the deceased alive on 11-2, 1956, and that death occurred at 3:30 am., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) L. C. Ferry, M.D.		23b. ADDRESS Piedmont Mo	
23c. DATE SIGNED 11-2-56		24. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
24b. DATE 11/7/56		24c. NAME OF CEMETERY OR CREMATORY Holiday Cemetery	
24d. LOCATION (City, town, or county) (State) Monroe County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE (Address) Normal H. Gish Piedmont, Mo.	
DATE REC'D BY LOCAL REG Nov. 8, 1956		REGISTRAR'S SIGNATURE Hazel Ward	

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

NOV 19 1955

RECEIVED
NOV 9 1955
WAYNE CO. HEALTH CENTER
FILE NO.

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 Martin E. Bowler

Licensed Embalmer No. 442
P. O. Address Piedmont

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