

FILED DEC 1-1-1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37809

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3025</u>		Registrar's No. <u>79</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY <u>Hosack</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Matthews</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Waynes</u>	
c. LENGTH OF STAY (in this place) <u>hrs</u>		c. CITY OR TOWN <u>Famalech</u>		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>Harold Hogan</u>				e. STREET ADDRESS (If rural, give location) <u>800 9</u>			
3. NAME OF DECEASED (Type or Print)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)	
<u>Thomas</u>		<u>Mitchell</u>		<u>Dawson</u>		<u>11-3-56</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>4-1-1922</u>		9. AGE (In years last birthday) <u>34</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 <input checked="" type="checkbox"/>		11. BIRTHPLACE (City and State or Foreign Country) <u>Famalech, Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Mr Dawson</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen W Farland</u>		14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <u>Yes</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Huba Muck, Baker, J. M. Dawson</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetic coma</u>				<u>10 hrs.</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				5 yrs.	
		DUE TO (b) <u>Diabetes Mellitus</u>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS				<u>260.X</u>	
		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 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)		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 <u>11/3/56</u> , 19 <u>56</u> , to <u>11/3/56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>11/3/56</u> , 19 <u>56</u> , and that death occurred at <u>8:00 p.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. Callahan M.D.</u>		(Degree or title)		23b. ADDRESS <u>West Plains, Missouri</u>		23c. DATE SIGNED <u>11/19/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11/5-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Famalech</u>		24d. LOCATION (City, town, or county) (State) <u>Famalech Ark</u>	
DATE REC'D BY LOCAL REG. <u>12-5-56</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson Matthew</u> ADDRESS <u>MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

379-6

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.....
D. A. Roberts

Licensed Embalmer No. *348*

P. O. Address *West Hill*

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.