

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7410

FILED FEB 27 1957

State File No.

BIRTH NO. _____ REG. DIST. NO. 364³⁷⁴ PRIMARY REG. DIST. NO. 4547 Registrar's No. 10

1130

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Worth</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grant City</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY OR TOWN <u>Grant City</u> <u>1130</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION			e. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Matilda</u> b. (Middle) <u>Ann</u> c. (Last) <u>Dawson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 5, 1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>March 6, 1862</u>	9. AGE (In years last birthday) <u>94</u>	IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 1 YEAR: Hours _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper - Ret.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
13a. FATHER'S NAME <u>Edward Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Lydia Miller</u>		14. NAME OF HUSBAND OR WIFE <u>William Tate Dawson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Madge Hebler - Grant City, Missouri</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>			MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction</u>			DUE TO (b) <u>Arteriosclerotic Cardiovascular undet. disease</u>		
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>			DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			_____		
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) <u>4201</u> _____ <u>X</u>		2
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 <u>1950</u> to <u>Feb 5</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>Feb 5</u> , 19 <u>57</u> , and that death occurred at <u>12:30p</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Frank B. Matteson M.D.</u>			23b. ADDRESS <u>Grant City, Missouri</u>		23c. DATE SIGNED <u>2-7-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>2-7-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grant City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Grant City, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Feb. 19-1957</u>		REGISTRAR'S SIGNATURE <u>Leta E. Dawson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bill Dunfee - S. C. Mo.</u>	

FEB 28 1917

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 Bill A. Du

Licensed Embalmer No. 496

P. O. Address SC, N

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.