

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20708  
STATE FILE NUMBER

FILED JUN 17 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 540

1. PLACE OF DEATH a. COUNTY <b>Green</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Howell</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Willow Springs</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mercy Hospital</b> Length of stay in 1b <b>20 MONTHS</b>		d. STREET ADDRESS (If outside, give location) <b>E. 3rd. Street</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Charles</b> Middle <b>-</b> Last <b>DAWSON</b>			4. DATE OF DEATH Month <b>June</b> Day <b>11</b> Year <b>1957</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>9-15-1888</b>
9. AGE (In years last birthday) <b>68</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>26</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Printer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Printer</b>	11. BIRTHPLACE (City and state or country) <b>Greenfield, Ind.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Unk</b>	
14. MOTHER'S MAIDEN NAME <b>Unk</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>500-05-3453A</b>		17. INFORMANT <b>Mrs. Alma Dawson, Willow Spgs., Mo.</b> Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chc. Emphysema, pulmonary</b> Conditions, if any, which gave rise to above cause (b): stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE, CONDITION GIVEN IN PART I (a) <b>Bronchial Asthma.</b>			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>Springfield, Mo.</b>		COUNTY _____ STATE _____	
21. I attended the deceased from <b>Jan 3, 1957</b> to <b>Jan 11, 1957</b> and last saw her/him alive on _____ Death occurred at <b>3:50 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
22a. SIGNATURE (Degree or title) <b>John W. Burns, M.D.</b>		22b. ADDRESS <b>Springfield, Mo.</b>	
22c. DATE SIGNED <b>6-17-57</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
23b. DATE <b>6-11-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>	
23d. LOCATION (City, town, or county): <b>Willow Springs, Mo.</b>		(State) _____	
24. FUNERAL DIRECTOR <b>Burns, Willow Springs, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6-14-57</b>	
26. REGISTRAR'S SIGNATURE <b>Wm. Williamson</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

