

STATE FILE NUMBER

FILED JUL 29 1957

Registration District No.

Primary Registration District No. 3000

Registrar's No. 26.3

1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Adair			
b. CITY (If outside corporate limits, give TOWNSHIP only) Kirksville				c. CITY OR TOWN Kirksville			
c. FULL NAME OF (If NOT in hospital, give location) K O. H.				d. STREET ADDRESS 703 W. Hickory St.			
3. NAME OF DECEASED (Type or print) First Albert Middle Richard Last Dawson				4. DATE OF DEATH July 22, 1957			
5. SEX M		6. COLOR OR RACE W		7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH Feb. 25, 1936	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Common Labor		11. BIRTHPLACE (City and state or country) Kirksville, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Warren Dawson				14. MOTHER'S MAIDEN NAME Ruth Geneva Mervin			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 489-40-3497		17. INFORMANT Address Warren Dawson, Kirksville, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial decompensation DUE TO (b) Secondary (stress) shock DUE TO (c) Traumatic amputation both legs PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 802X 35						INTERVAL BETWEEN ONSET AND DEATH 3 days	
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Mid thigh amputation by train 124					
20c. TIME OF INJURY 11:00 p. m.		20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Railroad tracks		20f. CITY, TOWN, OR LOCATION Kirksville	
				COUNTY Adair		STATE Mo.	
21. I attended the deceased from 7-19-57 to 7-22-57 and last saw him alive on 7-22-57 Death occurred at 8:35 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Chas. M. Hawes DO				22b. ADDRESS Kirksville, Mo.		22c. DATE SIGNED 7-23-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/24/57		23c. NAME OF CEMETERY OR CREMATORY Highland Park Cemetery		23d. LOCATION (City, town, or county) (State) Kirksville, Mo.	
24. FUNERAL DIRECTOR Paul H. Riley		ADDRESS Kirksville, Mo.		25. DATE RECD. BY LOCAL REG. 7-24-1957		26. REGISTRAR'S SIGNATURE Doris W. Ratliff	

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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Health,
Welfare
Public
Service

350

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 Richard R. Ellis, Student Embalmer No. 54
working under my personal supervision..

Student Richard R. Ellis
Signature of Student Embalmer

Signed George W. Davalt

Licensed Embalmer No. 47

P. O. Address Kirkwood

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