

No. 300  
10-48

FILED JUL 16 1957 STANDARD CERTIFICATE OF DEATH

State File No. **23511**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5080 Registrar's No. 90

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Bates</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Archie R.F.D. #2 Occa Creek</u> |  | c. CITY OR TOWN <u>Archie</u>   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (In this place)<br><u>37 Yrs.</u>  |  | e. STREET ADDRESS (If rural, give location)<br><u>Deer Creek township. 0070</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near his home</u>   |  |   |  |

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| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Alvin</u>   |  | b. (Middle)                                      |  | c. (Last) <u>Mawson</u>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>June 30 1957</u> |  |
| 5. SEX <u>Male</u>   |  | 6. COLOR OR RACE <u>White</u>                    |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>                      |  | 8. DATE OF BIRTH<br><u>November 29 1919</u>                  |  |
| 9. AGE (In years last birthday) <u>37</u>  |  | IF UNDER 1 YEAR<br>Months                        |  | IF UNDER 6 HRS.<br>Hours  |  | Mins.  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u> |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>None</u> |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Near Archie, Mo. in Bates County</u> |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S</u>                   |  |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 13a. FATHER'S NAME<br><u>Alanzo Mawson</u> |  | 13b. MOTHER'S MAIDEN NAME<br><u>Mary Christiansen</u> |  | 14. NAME OF HUSBAND OR WIFE<br><u>Norene Wilburn Mawson</u> |  |
|--|--|---|--|---|--|

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>Yes W.W. 2 42-45</u> |  | 16. SOCIAL SECURITY NO.<br><u>491-20-0227</u> |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mrs. Norene Mawson (Wife) Archie, Mo.</u> |  |
|---|--|---|--|---|--|

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|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))   |  | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental Drowning</u>  |  | DUPLICATE  |  | <u>1 hr</u>                      |  |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | ANTECEDENT CAUSES  |  |                                  |  |
|  |  | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. |  |                                  |  |
|  |  | DUE TO (b) _____   |  |                                  |  |
|  |  | DUE TO (c) _____   |  |                                  |  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS   |  |                                  |  |
|  |  | Conditions contributing to the death but not related to the disease or condition causing death.  |  | <u>E929.1</u>                    |  |

|                        |  |   |  |  |  |
|------------------------|--|---|--|--|--|
| 19a. DATE OF OPERATION |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>None</u> |  | 20. AUTOPSY? <u>2</u><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
|------------------------|--|---|--|--|--|

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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><u>Accident</u>    |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>Swamp</u> |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><u>Bates Mo.</u> |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><u>None</u> |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR?<br><u>007</u>                            |  |

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 4 P. m., from the causes and on the date stated above.

|   |  |                   |  |                                    |  |                                   |  |
|---|--|-------------------|--|------------------------------------|--|-----------------------------------|--|
| 23a. SIGNATURE<br><u>Douglas P. Rowland and Coroner</u> |  | (Degree or title) |  | 23b. ADDRESS<br><u>3 Butler St</u> |  | 23c. DATE SIGNED<br><u>7/5/57</u> |  |
|---|--|-------------------|--|------------------------------------|--|-----------------------------------|--|

|  |  |                                 |  |   |  |  |  |
|--|--|---------------------------------|--|---|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> |  | 24b. DATE<br><u>July 3 1957</u> |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Crescent Hill Cemetery</u> |  | 24d. LOCATION (City, town, or county) (State)<br><u>Near Adrian Missouri</u> |  |
|--|--|---------------------------------|--|---|--|--|--|

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| DATE REC'D BY LOCAL REG.<br><u>July 5-57</u> |  | REGISTRAR'S SIGNATURE<br><u>Randall Kersey</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Atkinson Dekey Archie Mo.</u> |  |
|--|--|--|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

*Ronald*

17-0

JUL 27 1957  
JUL 29 1957

490 J

**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 *Robert Atkinson*.....

Licensed Embalmer No. *490 J*.....

P. O. Address *Hammond*.....

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.