

FILED JUL 22 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24249

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>123</u>			
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>HARRISON</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Fox Creek, Mo</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wright Memorial</u>				d. STREET ADDRESS (If rural, give location) <u>040</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Althea</u>		b. (Middle) <u>Ree</u>		c. (Last) <u>Dawson</u>			
4. DATE OF DEATH		(Month) <u>7</u>		(Day) <u>15</u>		(Year) <u>1957</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>12-17-1901</u>			
9. AGE (In years, months, days) <u>55</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, and if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John F. Morris</u>		13b. MOTHER'S MAIDEN NAME <u>Addie O. Elder</u>		14. NAME OF HUSBAND OR WIFE <u>Guy M. Dawson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Guy M. Dawson</u> ADDRESS <u>Trenton Mo</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Right Breast metastatic to Rt. Axilla &amp; Right Lung</u> 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. INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>				19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>170X</u>	
20. AUTOPSY? <u>0</u> 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) (Minute)		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>June 1st</u> , 19 <u>56</u> , <u>July 15th</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>July 15th</u> , 19 <u>57</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Oliver F. Duffy MD</u>				23b. ADDRESS <u>Trenton Mo</u>		23c. DATE SIGNED <u>July 16th 1957</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-17-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC</u>		24d. LOCATION (City, town or county) (State) <u>GILMAN CITY MO</u>			
DATE RECD BY LOCAL REG. <u>7/12/57</u>		REGISTRAR'S SIGNATURE <u>Frene Jarr</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Joshua Anthony</u> ADDRESS <u>Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

Nov 29 1969

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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 .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3899

P. O. Address Bethany Mo.

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 this body is not embalmed, fact should be so stated above.

all, sealed, sealed