

FILED AUG 29 1957

STANDARD CERTIFICATE OF DEATH

'57 0 27 4 11
Stat. Fil. No.

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>5037</u>		Registrar's No. <u>199</u>	
1. PLACE OF DEATH a. COUNTY <u>AUDRAIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>SALT RIVER TWP.</u>		c. LENGTH OF STAY (in this place) <u>1 Mo.</u>		c. CITY OR TOWN <u>PARIS</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 <u>RT. 2, MEXICO.</u>				e. STREET ADDRESS (If rural, give location) <u>W. Locust St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u>			b. (Middle) <u>A.</u>		c. (Last) <u>DAWSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 18, 1957</u>
5. SEX <input checked="" type="checkbox"/> MALE	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>AUG 24, 1879</u>		9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>24</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MONROE Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>MERVIN DAWSON</u>			13b. MOTHER'S MAIDEN NAME <u>REBECCA THRELKELD</u>		14. NAME OF HUSBAND OR WIFE <u>FRANCES SNELL DAWSON</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. OWEN ASHCRAFT, MEXICO, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>Compensatory Otthorax</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Heart Disease</u> DUE TO (c) <u>Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>99m</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) (Min.)		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>Aug 18, 1957</u> , to <u>Aug 18, 1957</u> , that I last saw the deceased alive on <u>Aug 18, 1957</u> , and that death occurred at <u>12:01 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm. M. Beardslee M.D.</u>				23b. ADDRESS <u>PARIS, MO</u>		23c. DATE SIGNED <u>8-19-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG 20, 1957</u>	24c. NAME OF CEMETERY, OR CREMATORY <u>NALNUT GROVE</u>		24d. LOCATION (City, town, or county) (State) <u>PARIS, MO.</u>		
DATE REC'D BY LOCAL REG. <u>8-19-57</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>Speed Blakey</u>		ADDRESS <u>PARIS, MISSOURI</u>	

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

9-0

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..... *E.H. Agnew*

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

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.