

FILED DEC 5 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

393880

STATE FILE NUMBER

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dickinson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Poplar Bluff, Mo.</u> Inside Limits Yes ☒ No ☐				c. CITY OR TOWN <u>Kennett</u> Inside Limits Yes ☒ No ☐			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Doctors Hosp.</u> Length of stay in lb				d. STREET ADDRESS (If outside, give location) <u>Dixie Court Motel</u> Reside on Farm Yes ☐ No ☒			
3. NAME OF DECEASED (Type or print) First <u>Alma</u> Middle <u>Dawson</u> Last <u>Dawson</u>				4. DATE OF DEATH Month <u>Nov.</u> Day <u>27</u> Year <u>1957</u>			
5. SEX <u>female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH <u>Nov. 21, 1900</u>	
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months <u>57</u> Days <u>57</u> Hours <u>57</u> Min. <u>57</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Motel Mgr.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wynn, Ark.</u>	
11. BIRTHPLACE (City and state or country) <u>U.S.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13. FATHER'S NAME <u>Unknown</u>				14. MOTHER'S MAIDEN NAME <u>Unknown</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>494-03-2864</u>		17. INFORMANT Address <u>George Dawson, Kennett, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), 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) <u>4201</u>						INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u>	
20a. ACCIDENT ☐		SUICIDE ☐		HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____					
20e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20f. CITY, TOWN, OR LOCATION _____		COUNTY _____		STATE _____	
21. I attended the deceased from <u>11-27-57</u> to <u>11-27-57</u> and last saw her alive on <u>11-27-57</u> . Death occurred at <u>12:30 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>T. E. Luff</u> (Degree or title) <u>M.D.</u>				22b. ADDRESS <u>Poplar Bluff, Mo.</u>		22c. DATE SIGNED <u>11-29-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>11-29-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Hughes Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Forrest City, Ark.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Frank-Cotrell Poplar Bluff, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>11/30/57</u>		26. REGISTRAR'S SIGNATURE <u>R. H. Muehl</u>	

RECEIVED

DEC. 2 1957

BUTLER CO. HEALTH CENTER

FILE No. _____

VS 061201960

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 Charles E. Mungle

Licensed Embalmer No. 4877

P. O. Address Poplar Bluff

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.