

FILED JAN 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH

a. COUNTY

COLE

(Clark Twp)

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

COLE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

JEFFERSON CITY

Inside Limits
Yes ☐ No ☒c. CITY
OR TOWN

JEFFERSON CITY

Inside Limits
Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Rt. 2 Honey Creek Comm.

Length of stay in lb

d. STREET
ADDRESS

Rt. 2

(If outside, give location)

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

George WALTER

DAWSON

4. DATE OF DEATH

Month

Day

Year

JAN. 16, 1958

5. SEX

MALE CAUCASIAN

6. COLOR OR RACE

7. MARRIED ☐ NEVER MARRIED ☐
WIDOWED ☐ DIVORCED ☒

8. DATE OF BIRTH

July 14, 1884

9. AGE (In years
last birthday)

73

F UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HRS.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

RET. STOCKMAN & FARMER

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (City and state or country)

COLE CO., MO.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

DAVID DAWSON

13b. MOTHER'S MAIDEN NAME

MATILDA BERRY

14. NAME OF HUSBAND OR WIFE

Mary Dawson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

JOE DAWSON

Address

IBERIA, 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)

Hypostatic Pneumonia

INTERVAL BETWEEN
ONSET AND DEATH

48 hrs.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Hemiplegia

5 yrs

DUE TO (c)

Arteriosclerosis

15 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

334X

19. WAS AUTOPSY
PERFORMED?YES ☐ NO ☒

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
INJURYHour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Aug 17th 1957 to Jan 16th 58and last saw her alive on Jan. 15th 1958

him

Death occurred at

4: AM

m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

E. Spencer Macaulay D.O.

303 W. McCarly Jefferson City

1-17-58

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

BURIAL

JAN. 18, 1958

Gott

Uman

MO.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Louis D. Phillips Cedar, Mo.

21 January 1958

R.P. Harris, M.D. - M.R.

(Licensed Embalmer's Stamp on Reverse Side)

Correction: Name req. by Dr. Macaulay. Address was incorrect.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JAN 24 1958
FEB 13 1958

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 *Louis H. Sullivan*

Licensed Embalmer No. *3663*

P. O. Address *Keokuk*

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.