

FILED APR 8 1958

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <u>LIVINGSTON</u>		2. USUAL RESIDENCE (Where deceased lived. If inscription: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CHILLICOTHE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>NORTH KANSAS CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CITY HOSPITAL</u>		Length of stay in 1b <u>2 DAYS</u>	d. STREET <u>Rt #3</u> (If outside, give location) ADDRESS <u>LAKEVIEW TERRACE</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>CARDL</u> Middle <u>LORAINNE</u> Last <u>DAWKINS</u>			4. DATE OF DEATH Month <u>MARCH</u> Day <u>25</u> Year <u>1958</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>23 MARCH 1958</u>
9. AGE (In years last birthday) <u>0</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and state or country) <u>CHILLICOTHE, MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>MARVIN L. DAWKINS</u>	
13b. MOTHER'S MAIDEN NAME <u>BETTY ANN ELLER</u>		14. NAME OF HUSBAND OR WIFE <u>✓</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>NONE</u>	17. INFORMANT <u>MARVIN L. DAWKINS</u> Address <u>UTICA, MISSOURI</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>Pulmonary edema &amp; pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Prematurity 6 mo fetus</u> 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>7735</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <del>6 mos</del>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>0</u>		20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. 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 <u>3-23-58</u> to <u>3-25-58</u> and last saw her/him alive on <u>3-25-58</u> Death occurred at <u>five thirty</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Joseph F. Gale M.D.</u> (Degree or title)		22b. ADDRESS <u>Chillicothe Mo</u>	22c. DATE SIGNED <u>3-26-58</u>
23a. BURIAL, CREMATION, OR DISPOSAL (Specify) <u>Burial</u>	23b. DATE <u>3-26-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>UTICA</u>	23d. LOCATION (City, town, or county) (State) <u>UTICA, MISSOURI</u>
24. FUNERAL DIRECTOR <u>NORMAN FUNERAL HOME</u> ADDRESS <u>CHILLICOTHE MO</u>		25. DATE RECD. BY LOCAL REG. <u>9-26-58</u>	26. REGISTRAR'S SIGNATURE <u>Francis B Keller</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

health, Welfare public service  
 300  
 -57  
 Doctor, coroner, etc. info. use only statements  
 All diseases in Part I must be causally related.

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 *Elton D. Norman* .....

Licensed Embalmer No. *4036* .....

P. O. Address *Chillicothe, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.