

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018114
STATE FILE NUMBER

FILED JUN 5 1958		Registration District No. 149		Primary Registration District No. 1002		Registrar's No. 2602		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>				c. CITY OR TOWN <u>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 <u>Keesiwoods Hospital</u> INSTITUTION <u>2700 TRACY</u>				Length of stay in lb <u>68 YEARS</u>		d. STREET ADDRESS <u>3910 Highland</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>Frederick A Dawson SR.</u>				4. DATE OF DEATH Month Day Year <u>May 21, 1958</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>CAUC.</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>JUNE 12, 1889</u>		
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired FIREMAN</u>		11. BIRTHPLACE (City and state or country) <u>KANSAS CITY, MISSOURI</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>John W. Dawson</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Doyle</u>		14. NAME OF HUSBAND OR WIFE <u>MARY DAWSON</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>499-14-2784A</u>		17. INFORMANT <u>MRS. MARY DAWSON</u>		Address <u>3910 Highland</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</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral Thrombosis</u> DUE TO (c) <u>Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes Mellitus</u>						INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> <u>48 hrs</u> <u>10 yrs</u>		
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.								
20d. INJURY OCCURRED WHILE AT WORK <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>May 18-58</u> to <u>May 20-58</u> and last saw him alive on <u>May 21-58</u> Death occurred at <u>2:50 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Daniel F. Hogan M.D.</u>				22b. ADDRESS <u>801 1/2 W 39th KC MO</u>		22c. DATE SIGNED <u>May 22-58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>May 23, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVET CEMETERY</u>		23d. LOCATION (City, town, or county) (Specify) <u>KANSAS CITY, MISSOURI</u>		
24. FUNERAL DIRECTOR <u>Muehlebach</u>			ADDRESS <u>6800 TROST</u>		25. DATE RECD. BY LOCAL REG. <u>5-22-58</u>		26. REGISTRAR'S SIGNATURE <u>Irene Minshall</u>	

(Licensed Embalmer's Statement on Reverse Side)

See instructions on reverse side. All diseases in Part I must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Daniel F. Hogan

MEDICAL CERTIFICATION

4712 Boco
W. H. Hoyer

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 *R. E. Nichols*

Licensed Embalmer No. *4997*

P. O. Address *K. C. 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.