

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035362  
STATE FILE NUMBER

FILED NOV 7 1958 Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 235

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|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Audrain</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>                     |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Mexico</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <b>Mexico</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If not in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>DOA Audrain Hospital</b>  |  | Length of stay in lb<br><b>DOA</b>   | d. STREET ADDRESS (If outside, give location)<br><b>502 E. Lafayette</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Robert</b> Middle <b>Dawson</b> Last <b>Dawson</b>   |  |  | 4. DATE OF DEATH<br>Month <b>Nov.</b> Day <b>1</b> Year <b>1958</b>   |
| 5. SEX<br><b>Male</b> <input checked="" type="checkbox"/>   | 6. COLOR OR RACE<br><b>Negro</b>   | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>    | 8. DATE OF BIRTH<br><b>Mar. 20, 1877</b>  |
| 9. AGE (In years last birthday)<br><b>81</b>  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Laborer</b> | 11. BIRTHPLACE (City and state or country)<br><b>Mexico, Missouri</b>  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |
| 13a. FATHER'S NAME<br><b>Tucker Dawson</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Rosie Wade</b>   |   |
| 14. NAME OF HUSBAND OR WIFE<br><b>None</b>  |  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes <input checked="" type="checkbox"/> no, or unknown) (If yes, give year and dates of service)<br><b>no</b> |   |
| 16. SOCIAL SECURITY NO.<br><b>489-42-8260A</b>  |  | 17. INFORMANT<br>Address<br><b>Mrs. Elmer Johnson Mexico, Mo.</b>  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Crushing injury of chest struck by train</b>                |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>15 min.</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>802X</b><br>DUE TO (c)  |  |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>35</b>  |  |  |   |
| 20a. ACCIDENT <input checked="" 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.)<br><b>struck by train</b>   |   |
| 20c. TIME OF INJURY<br>Hour <b>10:10</b> a.m. Month, Day, Year <b>11/1/58</b>   |  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.)<br><b>railroad tracks</b>   |  | 20f. CITY, TOWN, OR LOCATION<br><b>Mexico Audrain Mo.</b>  |   |
| 21. I attended the deceased from <b>never</b> to <b>never</b> and last saw her/him alive on <b>10:30 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |  |  |   |
| 22a. SIGNATURE<br><b>William J. Gooley</b> (Degree or title) <b>3</b>   |  | 22b. ADDRESS<br><b>117 W. Clark Mexico Mo.</b>   |   |
| 22c. DATE SIGNED<br><b>11/1/58</b>  |  | 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |   |
| 23b. DATE<br><b>11-4-58</b>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Elmwood Cemetery</b>  |   |
| 23d. LOCATION (City, town, or county) (State)<br><b>Mexico, Missouri</b>  |  | 24. FUNERAL DIRECTOR<br><b>Arnold Funeral Home Mexico, Mo.</b>   |   |
| 25. DATE RECD. BY LOCAL REG.<br><b>Nov 3-1958</b>   |  | 26. REGISTRAR'S SIGNATURE<br><b>B. Panché Neely</b>  |   |

W. H. A. M. H. Gooley M.D. Coroner  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 *Leo H. Whitaker*

Licensed Embalmer No. *4780*

P. O. Address *Mexico, M*

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.