

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038616

STATE FILE NUMBER

FILED NOV 5 1958

Registration District No.

354

Primary Registration District No.

6197

Registrar's No.

73

1. PLACE OF DEATH a. COUNTY Texas			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Texas		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Burdine twp.			c. CITY OR TOWN Burdine twp.		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in lb 6 yrs.		
3. NAME OF DECEASED (Type or print) James Morton Dawson			4. DATE OF DEATH Month Oct. Day 28 Year 1958		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 22, 1900		9. AGE (In years last birthday) 58
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) painter		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Ames, Kansas		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Elmer M. Dawson		13b. MOTHER'S MAIDEN NAME Ellen Z. Querry		14. NAME OF HUSBAND OR WIFE	
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. 515-18-6133		17. INFORMANT Jerry Dawson, Kansas City, 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) Spontaneous Pneumothorax Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Emphysematous blebs, ruptured. DUE TO (c) 5271					INTERVAL BETWEEN ONSET AND DEATH 5 minutes
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					
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.)			
20c. TIME OF INJURY Hour a.m. Month, Day, Year 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 on October 28, 1958 and last saw him alive on Oct 27, 1958 Death occurred at 1:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Barrett Perry Jr		(Degree or title) 0		22b. ADDRESS Cabool Mo.	
22c. DATE SIGNED 10/30/58					
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 10-30-58		23c. NAME OF CEMETERY OR CREMATORY Clyde Cemetery	
				23d. LOCATION (City, town, or county) (State) Clyde, Kansas	
24. FUNERAL DIRECTOR Elliott-Gentry, Cabool, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 10-31-58	
26. REGISTRAR'S SIGNATURE Gaynell Cunningham					

(Licensed Embelmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

Licensed Embalmer No. 4718

P. O. Address Calver, Md.

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.