

STATE FILE NUMBER

FILED MAR 10 1959

Registration District No. 49

Primary Registration District No. 5175

Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Camden</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Camden</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Branch Township</b>		c. CITY OR TOWN <b>Branch</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Branch, Missouri</b>		d. STREET ADDRESS (If outside, give location) <b>Branch Township</b>	
3. NAME OF DECEASED (Type or print) <b>John Mills Dawson</b>		4. DATE OF DEATH Month <b>Feb</b> Day <b>26</b> , Year <b>1959</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>caucasian</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 10, 1885</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Camden County Missouri</b>
13a. FATHER'S NAME <b>Robert Dawson</b>		13b. MOTHER'S MAIDEN NAME <b>MARGARET Mills</b>	14. NAME OF HUSBAND OR WIFE <b>Iva P. Dawson</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>500 01 6586</b>	17. INFORMANT <b>Iva P. Dawson</b> Address <b>Branch, Missouri</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac Vasculature renal disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>senility</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>442X</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 mos</b>
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. _____ p.m. Month, Day, Year _____			
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 <b>Dec 1 - 58</b> , to <b>Feb 26 - 59</b> and last saw her alive on <b>Feb 24 - 59</b> Death occurred at <b>9:15 AM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>C. Bailey</b> (Degree or title) <b>MD</b>		22b. ADDRESS <b>W. Leane Mo</b>	
22c. DATE SIGNED <b>Feb 27</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Feb. 28, 1959</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>hopewell Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Dallas County Missouri</b>	
24. FUNERAL DIRECTOR <b>Montgomery Funeral Home Buffalo, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>3-2-1959</b>	
26. REGISTRAR'S SIGNATURE <b>Alda Eldred</b>			

(Licensed Embalmer's Statement on Reverse Side)

Factor, carrier, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 16 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 ..... Vernon H. Viets ....., Student Embalmer No. 565 working under my personal supervision.

Student ..... Vernon H. Viets .....  
Signature of Student Embalmer

Signed ..... Blyde Montgomery .....  
Licensed Embalmer No. 3592  
P. O. Address ..... Buffalo, Missouri .....

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.