

# UNITED STATES DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-020446

STATE FILE NUMBER

JUN 30 1959

042

Primary Registration District No. 1000

Registrar's No. 663

MEMORANDUM

|  |   |   |  |   |   |  |   |
|--|---|---|--|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Buchanan</u>   |   |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> |   |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Joseph</u>   |   | Length of stay in lb<br><u>60 years.</u>  |  | c. CITY OR TOWN <u>St. Joseph</u>   |   | 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 <u>1324 N. 13th Street</u>  |   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location)<br><u>1324 N. 13th Street</u> |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>Edward</u> Middle <u>Harvey</u> Last <u>Dawson</u>  |   |   |  | 4. DATE OF DEATH<br>Month <u>June</u> Day <u>24</u> Year <u>1959</u>  |   |  |   |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>4/16/1872</u>   | 9. AGE (last birthday)<br><u>87</u>   | IF UNDER 1 YEAR<br>Months <u>  </u> Days <u>  </u>                          |  | IF UNDER 24 HR<br>Hours <u>  </u> Min. <u>  </u>                                      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Ret. Grocer</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Retail Grocer</u>   |  | 11. BIRTHPLACE (City and state or country)<br><u>Stewartsville, Mo.</u>   |   | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>  |   |
| 13a. FATHER'S NAME<br><u>Joseph Andrew Dawson</u>  |   |   | 13b. MOTHER'S MAIDEN NAME<br><u>Sarah E. Laugh</u>                                   |   | 14. NAME OF HUSBAND OR WIFE<br><u>Lulu R. Dawson</u>                        |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |   | 16. SOCIAL SECURITY NO.<br><u>unknown</u>   |  | 17. INFORMANT<br>Address <u>Mrs. Lulu R. Dawson St. Joseph, Mo.</u>   |   |  |   |
| 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) <u>arterio Sclerotic Heart Disease</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) <u>Chronic Bronchitis</u><br>DUE TO (c) <u>  </u> |   |   |  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>unknown</u>   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   |   |  |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" 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.)  |  |   |   |  |   |
| 20c. TIME OF INJURY<br>Hour <u>  </u> a.m. <u>  </u> p.m. <u>  </u>  | Month, Day, Year <u>  </u>  |   |  |   |   |  |   |
| 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>June 15, 1959</u> to <u>June 24, 1959</u> and last saw her alive on <u>June 24, 1959</u><br>Death occurred at <u>12:20 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |  |   |   |  |   |
| 22a. SIGNATURE (Degree or title)<br><u>Mustard L. Law M.D.</u>   |   |   |  | 22b. ADDRESS<br><u>Hickpatrick Bldg St. Joseph Mo</u>   |   | 22c. DATE SIGNED<br><u>June 25, 1959</u>   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>June 26, 1959</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Ashland Cemetery</u>   |  | 23d. LOCATION (City, town, or county)<br><u>St. Joseph, Missouri.</u>   |   | (State)  |   |
| 24. FUNERAL DIRECTOR<br><u>Meyerhoff, Flemon, Inc.</u>   |   | ADDRESS<br><u>St. Joseph, Mo.</u>   |  | 25. DATE RECD. BY LOCAL REG.<br><u>June 26, 1959</u>  |   | 26. REGISTRAR'S SIGNATURE<br><u>Mr. Clark Goodell</u>  |   |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

b. A. Law M.D.

**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

*Albert C. Larking*

Licensed Embalmer No. *3228*

P. O. Address *St. Joseph*

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.