

# U R I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033728

SL 20636

XC 14677814

FILED VS OCT 8 1959

2 8884

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>MORGAN</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>915 N GRAND, ST LOUIS, MO.</u>		Length of stay in 1b <u>37 DAYS</u>		c. CITY OR TOWN <u>JACKSONVILLE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>VET ADM HOSPITAL</u>				d. STREET ADDRESS (If outside, give location) <u>WOODLAND &amp; CHAMBERS STS</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print). First Middle Last <u>HENRY K. DAWSON</u>				4. DATE OF DEATH Month Day Year <u>SEPTEMBER 25, 1959</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</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>5-13-92</u>	9. AGE (last birthday) <u>67</u>	IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOSPITAL ATTENDANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOSPITAL</u>		11. BIRTHPLACE (City and state or country) <u>JACKSONVILLE, ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>HARRY A DAWSON</u>		13b. MOTHER'S MAIDEN NAME <u>FRANCES KEY</u>		14. NAME OF HUSBAND OR WIFE <u>ELLA MAE DAWSON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>WWI</u>		16. SOCIAL SECURITY NO. <u>351-28-7205</u>		17. INFORMANT Address <u>VA HOSP. RECORDS, ST. LOUIS, MO.</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>PNEUMONIA</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>STAPHYLOCOCCI</u> DUE TO (c) <u>491X</u>						INTERVAL BETWEEN ONSET AND DEATH	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Hour a.m. p.m. Month, Day, Year							
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>8-19-59</u> to <u>9-25-59</u> and last saw him alive on <u>9-25-59</u> Death occurred at <u>10:15 a.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>[Signature]</u> (Degree or title)				22b. ADDRESS <u>VAH, ST. LOUIS, MO.</u>		22c. DATE SIGNED <u>9/25/59</u>	
23a. BURIAL, CREMATION, or REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>9/25/59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Lawn Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Jacksonville, Ill.</u>	
24. FUNERAL DIRECTOR <u>Edward Fendler 5611 South Grand Blvd.</u>				25. DATE RECD. BY LOCAL REG. <u>9-25-1959</u>		26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 J. A. Humphreys

Licensed Embalmer No. 477

P. O. Address St. Louis

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.