

UNIVERSITY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 19 1959

59-036712

Registration District No. 164 Primary Registration District No. 5032 Registrar's No. 132

STATE FILE NUMBER

ENDED

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>JOHNSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JOHNSON</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WARRENSBURG</u>		Length of stay in 1b <u>15 YRS</u>		c. CITY OR TOWN <u>HILLINSVILLE</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ROSS REST HOME</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>10 MI. S.W. OF CONCORDIA.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>FRANCES</u> Middle <u>LILY</u> Last <u>DAWSON</u>				4. DATE OF DEATH Month <u>OCT</u> Day <u>11</u> Year <u>1959</u>									
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>JAN 23, 1875</u>		9. AGE (last birthday) <u>84</u>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED HOUSEWIFE</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (City and state or country) <u>WINSTON-SALEM N. C.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>					
13a. FATHER'S NAME <u>ANDREW J. SANDERS</u>				13b. MOTHER'S MAIDEN NAME <u>EMMELINE HENSTEL</u>				14. NAME OF HUSBAND OR WIFE <u>HENRY DAWSON</u> <small>DECEASED</small>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT <u>EMMELINE MATHEWS, HILLINSVILLE, MO.</u> Address _____							
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>Left Cerebral Hemorrhage</u> Conditions, if any, which give rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertension Cerebro-Vascular Lesion</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____										INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u> <u>5 yrs</u>			
19. WAS AUTOPSY PERFORMED? 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 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>Sept 27, 1959</u> to <u>Oct 11, 1959</u> and last saw her <u>8:22</u> <small>am</small> on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at <u>Oct 11, 1959</u>													
22a. SIGNATURE (Degree or title) <u>[Signature]</u>						22b. ADDRESS <u>Warrensburg, MO</u>			22c. DATE SIGNED <u>Oct 12, 1959</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Oct 13, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Zion Hill</u>			23d. LOCATION (City, town, or county) (State) <u>Johnson County MO</u>						
24. FUNERAL DIRECTOR <u>E. L. Jamon</u> ADDRESS <u>Concordia, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>Oct. 17, 1959</u>		26. REGISTRAR'S SIGNATURE <u>Savannah Cuthfield</u>							

BY AFFIDAVIT OF.

MEDICAL CERTIFICATION

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 me Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia

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.