

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015043

FILED VS. APR 25 1960

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 114

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Henry</i>		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Henry</i>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <i>Windsor Mo.</i>		Length of stay in 1b <i>37 yrs.</i>	c. CITY OR TOWN <i>Windsor Mo.</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>207 N. Commercial St.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <i>207 N. Commercial St.</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>SARAH OLA NICHOLS DAWES</i>			4. DATE OF DEATH Month Day Year <i>April 17, 1960</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>MAR. 6 1891</i>	9. AGE (last birthday) <i>69</i>	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) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Depue Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Robert M. Nichols</i>		13b. MOTHER'S MAIDEN NAME <i>Hester McQueen</i>		13c. NAME OF HUSBAND OR WIFE <i>Eugene Dawes</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT Address <i>Halbert Day Windsor Mo.</i>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Circulatory Collapse</i>			<i>2 wks</i>
DUE TO (b) <i>Uremia</i>			<i>3 mos</i>
DUE TO (c) <i>Diabetes Mellitus</i>			<i>5 yrs</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Diabetic Gangrene</i>			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 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 Month, Day, Year a.m. p.m.		

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 <i>Nov 1956</i> to <i>April 1960</i> and last saw her ^{her} alive on <i>April 2, 1960</i> Death occurred at <i>7:30 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Deceas or file) <i>William Smith</i>		22b. ADDRESS <i>Windsor Mo.</i>	22c. DATE SIGNED <i>4/18/60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>April 19, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Lambert Cemetery Windsor Mo.</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Ellis M. Huster Windsor Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>April 19, 1960</i>	26. REGISTRAR'S SIGNATURE <i>Mildred Bigura</i>

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ellis M. Huston

Licensed Embalmer No. 3391

P. O. Address Windsor T

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.