

RL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS JUN 1 1960

=60-018386

STATE FILE NUMBER

Registration District No. 37 Primary Registration District No. 4249 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Centralia</u>	Length of stay in 1b <u>3 mos</u>	c. CITY OR TOWN <u>Centralia</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Campbell House</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>117b South Hickman</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Smith</u> Middle <u>Thomas</u> Last <u>Dawson</u>			4. DATE OF DEATH Month <u>May</u> Day <u>24</u> Year <u>1960</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>8/31/1871</u>	9. AGE (last birthday) <u>88</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant, retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Drygoods</u>	11. BIRTHPLACE (City and state or country) <u>Monroe County</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>

13a. FATHER'S NAME <u>Mervin Dawson</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Threlkeld</u>	14. NAME OF HUSBAND OR WIFE <u>Ruey Duffield Dawson</u>
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>F. A. Neale</u> Address <u>Centralia, Mo.</u>

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) <u>Intestinal bleeding</u>		<u>since Apr. 8, 60</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Uremia</u>	<u>since Apr. 1, 60</u>
	DUE TO (c) <u>Generalized arteriosclerosis</u>	<u>duration 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. <input type="checkbox"/> Yes <input type="checkbox"/> N. <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 <u>9:30</u> 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 <u>Centralia</u>		COUNTY <u>Boone</u> STATE <u>Mo.</u>

21. I attended the deceased from November 28, 1953 to May 21, 1960 and last saw her/him alive on May 21, 1960
 Death occurred at 9:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>L. Lachance, M.D. L. Lachance, M.D.</u>	22b. ADDRESS <u>110 West Speed Street</u>	22c. DATE SIGNED <u>May 25, 60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 26, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Centralia</u>
23d. LOCATION (City, town, or county) (State) <u>Centralia, Mo.</u>		

24. FUNERAL DIRECTOR'S ADDRESS <u>Bill E. Meador Centralia, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>May 26-1960</u>	26. REGISTRAR'S SIGNATURE <u>Maud M^{rs} Bride</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

0987 1 Nnr

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 Bill J. Menden

Licensed Embalmer No. 4876
P. O. Address Centerville, Mo

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.