

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042516

CD VS NOV 3 0 1960

NDED

Registration District No. 157 Primary Registration District No. 4248 Registrar's No. 231

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sarcoxie</u>		Length of stay in lb <u>14 Yrs.</u>		c. CITY OR TOWN <u>Sarcoxie</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>906 Joplin</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>906 Joplin</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Headen</u> Last <u>Dawson</u>				4. DATE OF DEATH Month <u>Nov.</u> Day <u>20</u> Year <u>1960</u>				
5. SEX <u>Male</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>7-12-1870</u>		
9. AGE (last birthday) <u>90</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HR Hours <u> </u> Min. <u> </u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and state or country) <u>Sarcoxie, Mo.</u>		
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>								
13a. FATHER'S NAME <u>Martin Dawson</u>				13b. MOTHER'S MAIDEN NAME <u>Mary</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Buck</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>none</u>		17. INFORMANT <u>Chester Dawson, Sarcoxie, 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>Sepsis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Subcutaneous Cellulitis caused by prolonged recumbency</u> DUE TO (c) <u>Arteriosclerosis and Thrombosis</u>							INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OR 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 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> </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>1-14-59</u> to <u>11-20-60</u> and last saw her alive on <u>11-19-60</u> Death occurred at <u>11:10</u> A. <u> </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) <u>D.O.</u>				22b. ADDRESS <u>Sarcoxie, Mo.</u>		22c. DATE SIGNED <u>11-21-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-22-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Cave Springs Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Lawrence Co., Mo.</u>		
24. FUNERAL DIRECTOR <u>Ulmer-Moss Funeral Home, Sarcoxie, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>11-26-60</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		

(Licensed Embelmer'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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Melvin Garrett

Licensed Embalmer No. 5121

P. O. Address Carthage, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.