

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007264

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 34

AMENDED

FILED VS FEB 27 1961

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marshall</u>		Length of stay in 1b <u>3 yrs.</u>	c. CITY OR TOWN <u>Marshall</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>Fitzgibbon Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>875 W Morgan</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>HOLMES</u> Middle <u>GINN</u> Last <u>DAWES</u>			4. DATE OF DEATH Month <u>February</u> Day <u>24</u> Year <u>1961</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>7-31-1888</u>	9. AGE (last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Railroad employe</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gov. Retire Board</u>		11. BIRTHPLACE (City and state or country) <u>Marshall, Mo</u>		
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>John James Dawes</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Ginn Dawes</u>		
14. NAME OF HUSBAND OR WIFE <u>Mrs. Erna Dawes</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>				
17. INFORMANT <u>Mrs. Erna Dawes</u>		Address <u>Marshall, Mo</u> <u>875 W Morgan</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>Massive Intracerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>36 hr</u> <u>8 mos</u>
DUE TO (b) <u>Multiple Myeloma</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) <u>Neurosis, Hypertensive Cardiovascular Disease</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 number of body in PART I or PART II of item 18.) <u> </u>	
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. Month, Day, Year <u> </u>		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			

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.) <u> </u>		20f. CITY, TOWN, OR LOCATION <u>Marshall, Missouri</u>	
21. I attended the deceased from <u>July 1958</u> to <u>23 Feb 1961</u> and last saw ^{him} alive on <u>23 Feb 1961</u> Death occurred at <u>11:00 am 24 Feb 61</u> on the date stated above, and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE <u>Cecil G. Read</u> (Degree or title)		22b. ADDRESS <u>Marshall, Missouri</u>		22c. DATE SIGNED <u>24 Feb 61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-25-1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	
24. FUNERAL DIRECTOR <u>Jack. W. Reser</u>		ADDRESS <u>Funeral Home Marshall, Mo 8-25-61</u>		25. DATE RECD. BY LOCAL REG. <u> </u>	
26. REGISTRAR'S SIGNATURE <u>Cecil G. Read</u>		LOCATION (City, town, or county) (State) <u>Slater, Missouri</u>			

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1961 FEB 28

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 Jack M. Reser

Licensed Embalmer No. 4643

P. O. Address Marshall

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.