

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012478

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 82

FILED MAY 2 1961

1. PLACE OF DEATH a. COUNTY Andrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Andrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		c. CITY OR TOWN Mexico	
Length of stay in 1b Yrs		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 502 E. Lafayette		d. STREET ADDRESS (If outside, give location) 502 East Lafayette	
Inside Limits Yes ☒ No ☐		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First BYRON Middle DAWSON Last DAWSON		4. DATE OF DEATH Month April Day 23 Year 1961	
5. SEX Male	6. COLOR OR RACE Negro	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 9-20-79
9. AGE (last birthday) 81		IF UNDER 1 YEAR Months 0 Days 0	
IF UNDER 24 HR Hours 0 Min. 0		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Yard Man Ret.	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Mexico, Mo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Tucker Dawson	
13b. MOTHER'S MAIDEN NAME Rosie Wade		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT Louella Kirby, Mexico, Mo.		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) Coronary vascular disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary atherosclerosis DUE TO (c) 3-signals		INTERVAL BETWEEN ONSET AND DEATH one week	
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. ☐ Yes ☐ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 2:30 P.M. Month, Day, Year April 23 1961	20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Mexico COUNTY Missouri STATE Missouri	
21. I attended the deceased from July 1961 to April 23 1961 and last saw him alive on April 23 1961 Death occurred at 2:30 P.M. of the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Blanche Kelly (Degree or title)		22b. ADDRESS Mexico Mo	
22c. DATE SIGNED 4-25-61		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 4-27-61		23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	
23d. LOCATION (City, town, or county) Mexico, Missouri		24. FUNERAL DIRECTOR Arnold Funeral Home, Mexico, Mo	
25. DATE RECD. BY LOCAL REG. April 26-1961		26. REGISTRAR'S SIGNATURE Blanche Kelly	

(Licensed Embalmer's Statement on Reverse Side)

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 Richard Y. M. Lane

Licensed Embalmer No. 4825

P. O. Address Uniontown

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.