ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-016766
STATE FILE NUMBER

AMENDED

Registration District No. 59 Primary Registration District No. 4095 Registrar's No. 94

FILED JUN 5 1961

1. PLACE OF DEATH
a. COUNTY CASS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DREXEL
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY CASS
c. CITY OR TOWN DREXEL
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: LULU Middle: BLANCHE Last: DAWSON
4. DATE OF DEATH Month: MAY Day: 23 Year: 1961
5. SEX: F
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-24-1880
9. AGE (last birthday): 80
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): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (City and state or country): ILLINOIS
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: UELL STOKER
13b. MOTHER'S MAIDEN NAME: RHODA ANN WEAVER
14. NAME OF HUSBAND OR WIFE: W.C. DAWSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
17. INFORMANT: W. C. DAWSON Address: DREXEL, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Recurrent Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
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 a.m. p.m. Month, Day, Year
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 COUNTY STATE

21. I attended the deceased from On May 23, and last saw her alive on May 23, 1961
Death occurred at 3 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Basil O. Hartwell M.D.
22b. ADDRESS: Drexel, Mo
22c. DATE SIGNED: 5/26/31

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 5-25-61
23c. NAME OF CEMETERY OR CREMATORY: SHARON CEMETERY
23d. LOCATION (City, town, or county) (State): DREXEL MO.

24. FUNERAL DIRECTOR: RUNYAN FUNERAL HOME ADDRESS: DREXEL, MO
25. DATE RECD. BY LOCAL REG.: May 25-61
26. REGISTRAR'S SIGNATURE: Mrs Ray Lebree

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 _____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. 5111

P. O. Address _____

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.