

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021232
2776 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

AMENDED

FILED JUN 21 1961

1. PLACE OF DEATH a. COUNTY <u>Wackar</u>		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Wackar</u>	
b. CITY (If outside corporate limits, give TOWNSHIP and OR OWN) <u>Wackar City</u>		c. CITY OR TOWN <u>Wackar City</u>	
Length of stay in 1b <u>50 yrs</u>		Inside Limits <u>Yes</u> No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL INSTITUTION <u>General Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>2009 Cypress</u>	
Yes ☒ No ☐		Reside on Farm <u>Yes</u> No ☐	
3. NAME OF DECEASED (Type or print) First <u>Guy</u> Middle <u>Dawson</u> Last <u>Dawson</u>		4. DATE OF DEATH Month <u>June</u> Day <u>3</u> Year <u>1961</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH <u>3/25/1878</u>
9. AGE (at birthday) <u>83</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Christian</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>P.M.A.</u>	
11. BIRTHPLACE (City and state or country) <u>Wackar, Ohio - U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wackar Dawson</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Rush</u>	
14. NAME OF HUSBAND OR WIFE <u>Belle 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>496-01-0924</u>		17. INFORMANT <u>Winifred Hammond</u> Address <u>1129 W. 1st St. Wackar, 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>Bilateral pulmonary edema with hydrothorax</u>		INTERVAL BETWEEN ONSET AND DEATH	
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) <u>acute & chronic pyelonephritis</u>		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 <u>5-23-61</u> to <u>6-3-61</u> and last saw him alive on <u>6-3-61</u> Death occurred at <u>4:15 P</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>Eden M. General Hospital</u>		22b. ADDRESS	22c. DATE SIGNED <u>6-4-1961</u>
22d. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	22e. DATE <u>6/5/61</u>	22f. NAME OF CEMETERY OR CREMATORY <u>Chenwood Cem.</u>	22g. LOCATION (City, town, or county) (State) <u>Wackar, Mo.</u>
24. FUNERAL DIRECTOR <u>Eden M. General Hospital</u>	ADDRESS <u>1129 W. 1st St.</u>	25. DATE RECD. BY LOCAL REG. <u>6-4-61</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>

(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

John B. Camp

Licensed Embalmer No.

2955

P. O. Address

19. C. 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.