

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037873

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 251 Primary Registration District No. _____ Registrar's No. 211

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

FILED NOV 6 1961

1. PLACE OF DEATH
 a. COUNTY Nodaway

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Nodaway

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Burlington Jct. Length of stay in 1b 10 years

c. CITY OR TOWN Burlington Jct. c. Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Family home Inside Limits Yes No

d. STREET ADDRESS 7 miles northeast d. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First ERNEST Middle _____ Last DAWSON

4. DATE OF DEATH Month 10 Day 28 Year 61

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 7/26/99 9. AGE (last birthday) 62 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR. Hours _____ Mins _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Own account 11. BIRTHPLACE (City and state or country) Holt County, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Willie Dawson 13b. MOTHER'S MAIDEN NAME Anna Long 14. NAME OF HUSBAND OR WIFE Vida Sanders Dawson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 17. INFORMANT Address Mrs. Vida Dawson, Burlington Jct. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) acute coronary occlusion INTERVAL BETWEEN ONSET AND DEATH 5 min
 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 10.26.61 to 10/28/61 and last saw him alive on _____
 Death occurred at 7:30 A. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. R. C. Price M.D. 22b. ADDRESS Skidmore, Mo 22c. DATE SIGNED 10.28.61

23a. BURIAL CREMATION, REMOVAL (Specify) burial 23b. DATE 11/1/61 23c. NAME OF CEMETERY OR CREMATORY Hillcrest 23d. LOCATION (City, town, or county) Skidmore, Missouri (State) _____

24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo. ADDRESS _____ 25. DATE RECD. BY LOCAL REG. 10-28-61 26. REGISTRAR'S SIGNATURE Bess Holt

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 W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville

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.