SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-037873

STATE FILE NUMBER

TMENT OF PUBLIC HEALTH AND WELFARE

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

AMENDED

FILED NOV 6 1961

1. PLACE OF DEATH
a. COUNTY Nodaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Burlington Jct. — Length of stay in 1b 10 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Family home — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Nodaway
c. CITY OR TOWN Burlington Jct. — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 7 miles northeast — 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 Min.

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) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 493-14-6802

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 ~~XeX~~ 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) J. H. Ryan M.D.

22b. ADDRESS St Joseph 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) (State) Skidmore, Missouri

24. FUNERAL DIRECTOR ADDRESS Price Funeral Home, Maryville, Mo.

25. DATE RECD. BY LOCAL REG. 10-28-61

26. REGISTRAR'S SIGNATURE Beso Holt

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

MEDICAL CERTIFICATION

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.