

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

25-61-041877

AMENDED

Registration District No. 255

Primary Registration District No. 5872

Registrar's No.

STATE FILE NUMBER

FILED NOV 29 1961

1. PLACE OF DEATH

a. COUNTY

OREGON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

HIGHLAND

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

OREGON

c. CITY
OR TOWN

H.Y.P. 9 miles W. of Alton

Inside Limits

Yes ☐ No ☐d. STREET
ADDRESS

(If outside, give location)

H.Y.P.

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

DONNIE

DEANE

DAWSON

4. DATE
OF DEATH

Month

Day

Year

11 - 21 - 61

5. SEX

M.

6. COLOR OR RACE

W.

7. Married ☐Never Married ☒Widowed ☐Divorced ☐

8. DATE OF BIRTH

9/29/44

9. AGE (last birthday)

17

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

STUDENT

10b. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (City and state or country)

ST Louis MO.

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

DEANE K. DAWSON

13b. MOTHER'S MAIDEN NAME

ADA JONES

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

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

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

RAYMOND BARELSON ALTON, 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)

Broken neck and head injuries

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Car overturned about 8 miles west of

DUE TO (c)

Alton, Missouri on P Highway 11:45 A.M.

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☐ Unknown19. 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.)

Car accident

20c. TIME OF
INJURYHour
a.m.
11:45Month, Day, Year
11-21-6120d. 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.)

Highway

20f. CITY, TOWN, OR LOCATION

Alton,

COUNTY

Oregon

STATE

Missouri

21. I attended the deceased from 11:45 A. to and last saw her alive on
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

L. J. D. Martin, Coroner

22b. ADDRESS

Thayer, Missouri

22c. DATE SIGNED

11-24-61

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

11-25-1961

23c. NAME OF CEMETERY OR CREMATORY

SMITH CEMETARY

23d. LOCATION (City, town, or county)

ALTON

(State)

MO -

24. FUNERAL DIRECTOR

ADDRESS

John D. Clay Alton Mo

25. DATE RECD. BY LOCAL REG.

11-26-61

26. REGISTRAR'S SIGNATURE

Mrs W C Johnson

(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 D. Clary

Licensed Embalmer No. 4475

P. O. Address Box 398 Alt

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.