MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013877
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 52

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1085
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

FILED MAR 21 1962

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Nevada — Length of stay in 1b: 41 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Nevada Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Vernon
c. CITY OR TOWN: Nevada — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 620 North Washington — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First STELLA Middle MABEL Last DAWSON
4. DATE OF DEATH: Month March Day 13 Year 1962
5. SEX: Female
6. COLOR OR RACE: Wh
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 10-17-1890
9. AGE (last birthday): 71 — 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: Own home
11. BIRTHPLACE (City and state or country): Cooper County, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Joel R. Marye
13b. MOTHER'S MAIDEN NAME: Cynthia Bell Woolery
14. NAME OF HUSBAND OR WIFE: 1-22-1961 Luther Wade Dawson, Deceased
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.:
17. INFORMANT: Mrs. Thelma Wade, 428 S. Adams, Nevada, 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): Cerebrovascular hemorrhage — 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): Rheumatoid arthritis
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 July 1, 1950 to March 13, 1962 and last saw her alive on March 13, 1962
Death occurred at 10:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Ray W. Pearce MD (Degree or title)
22b. ADDRESS: Nevada Mo
22c. DATE SIGNED: 3/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: March 15, 1962
23c. NAME OF CEMETERY OR CREMATORY: Richland Cemetery
23d. LOCATION (City, town, or county) (State): Richards Missouri

24. FUNERAL DIRECTOR: Ferry Funeral Home ADDRESS: Nevada, Missouri
25. DATE RECD. BY LOCAL REG.: 3-16-1962
26. REGISTRAR'S SIGNATURE: Omar E. Ferry

(Licensed Embalmer's Statement on Reverse Side)

DEC 18 1962

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 L. Angles Ferry

Licensed Embalmer No. 4960

P. O. Address Nevada, Missouri

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.