

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014313

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 687

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 16 1962

1. PLACE OF DEATH  
 a. COUNTY Butler  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff Length of stay in lb 2 hrs  
 c. FULL NAME OF HOSPITAL OR INSTITUTION Lucy Lee Hosp. Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo. b. COUNTY Bollinger  
 c. CITY OR TOWN Sturdivant Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last RANDEL EUGENE DAWSON  
 4. DATE OF DEATH Month Day Year April 5, 1962  
 5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH Apr. 5, 1962 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min. 7

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT  
 10b. KIND OF BUSINESS OR INDUSTRY INFANT  
 11. BIRTHPLACE (City and state or country) Poplar Bluff, Mo.  
 12. CITIZEN OF WHAT COUNTRY USA  
 13a. FATHER'S NAME ROBERT DAWSON 13b. MOTHER'S MAIDEN NAME FREDA BRYANT  
 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) No  
 16. SOCIAL SECURITY NO. none 17. INFORMANT Robert Dawson, Sturdivant, Mo. Address \_\_\_\_\_

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Pulmonary Atelectasis INTERVAL BETWEEN ONSET AND DEATH Since birth  
 DUE TO (b) Prematurity  
 DUE TO (c) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 Month, Day, Year  
 a.m. p.m.

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 4:00 April 1962 to 5 April 1962 and last saw him alive on 5 April 1962  
 Death occurred at 4:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John S. Wright, MD 22b. ADDRESS Poplar Bluff, Mo. 22c. DATE SIGNED 4-7-62

23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial 23b. DATE 4-7-62 23c. NAME OF CEMETERY OR CREMATORY Morgan 23d. LOCATION (City, town, or county) (State) Advance, Mo.

24. FUNERAL DIRECTOR Wm H. Morgan ADDRESS Advance, Mo. 25. DATE RECD. BY LOCAL REG. 4/14/1962 26. REGISTRAR'S SIGNATURE Thelma Graham

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**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 Not Embalmed, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Wm. H. Morgan

Licensed Embalmer No. 4640

P. O. Address Advance, 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.