

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030196

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 215

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

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SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. <del>FILED</del> <b>AUG 28 1962</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Callaway</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Callaway</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fulton</b>		Length of stay in lb <b>5 Days</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Callaway Memorial Hosp</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS <b>R.F.D. # 3</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First <b>Ethel</b> Middle <b>Wayne</b> Last <b>Dawson</b>		Month <b>Aug.</b> Day <b>21</b> Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/19/1891</b>
9. AGE (last birthday) <b>71</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	
11. BIRTHPLACE (City and state or country) <b>Millersburg, Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Willett</b>		13b. MOTHER'S MAIDEN NAME <b>Mollie J. Boyd</b>	
14. NAME OF HUSBAND OR WIFE <b>Wm.S. Dawson</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	
16. SOCIAL SECURITY NO. <b>497-07-1257A</b>		17. INFORMANT <b>Mrs. Harvey Morts Fulton, Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>A Stroke. Cerebral circulatory accident</b> DUE TO (b) <b>Arteriosclerosis of hypertension</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Fulton Mo.</b>	
20g. COUNTY <b>Callaway</b>		20h. STATE <b>Mo</b>	
21. I attended the deceased from <b>Aug. 15-1962</b> to <b>Aug 21/62</b> and last saw her alive on <b>Aug 20-1962</b> Death occurred at <b>1 2 PM</b> <b>8-21</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Dr. Lawrence M.D.</b>		22b. ADDRESS <b>Fulton Mo.</b>	
22c. DATE SIGNED <b>8-22/62</b>		22d. SIGNATURE <b>Maretha Lawrence</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Aug. 23, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Callaway Memorial Gardens</b>	
23d. LOCATION (City, town, or county) <b>Fulton</b>		23e. STATE <b>Mo</b>	
24. FUNERAL DIRECTOR <b>Browning Funeral Home Fulton Mo</b>		25. DATE RECD. BY LOCAL REG. <b>Aug. 22-1962</b>	
26. REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b>			

(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 \_\_\_\_\_

*A. H. Masune*

Licensed Embalmer No. \_\_\_\_\_

4996

P. O. Address \_\_\_\_\_

Fulton 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.