

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030425

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 80

Primary Registration District No. 4142

Registrar's No. 14

STATE FILE NUMBER

FILED SEP 12 1962

1. PLACE OF DEATH

a. COUNTY

COLE

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

Length of stay in 1b

3 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 421 SIMPSON

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

COLE

admission)

c. CITY

OR TOWN RUSSELLVILLE

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS (If outside, give location)

421 SIMPSON

Reside on Farm

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

First

Middle

Last

FRANCIS OSBORN DAWSON

4. DATE

DEATH

Month

Day

Year

SEPT. 5 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

APRIL 24 1878

9. AGE (last birthday)

84

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

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

FARM

10b. KIND OF BUSINESS OR INDUSTRY

FARM

11. BIRTHPLACE (City and state or country)

COLE COUNTY MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

WM. R. DAWSON

13b. MOTHER'S MAIDEN NAME

ELLEN FARMER

14. NAME OF HUSBAND OR WIFE

BERTHA DAWSON

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.

488-42-8792

17. INFORMANT

BERTHA DAWSON

Address

RUSSELLVILLE 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)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

Coronary Occlusion

INTERVAL BETWEEN
ONSET AND DEATH

Instant

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.)

Man died suddenly unattended.

20c. TIME OF
INJURY

Hour Month, Day Year

3:00

p.m. 9/5/62

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.)

Home

20f. CITY, TOWN, OR LOCATION

Russellville

COUNTY

MO.

STATE

21. I attended the deceased from

to

and last saw her

him alive on

Death occurred at

3:00 P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Plutarch Cobb Coroner Cole County

22b. ADDRESS

Jefferson City Mo 1436 Green Berry Road

22c. DATE SIGNED

9/8/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

SEPT. 7 1962

23c. NAME OF CEMETERY OR CREMATORY

ENLOE CEMETERY

23d. LOCATION (City, town or county)

MONTEAU COUNTY

STATE

MO.

24. FUNERAL DIRECTOR

ADDRESS

Russellville

25. DATE RECD. BY LOCAL REG.

Sept. 7

26. REGISTRAR'S SIGNATURE

Minnie H. Hatten

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

b260

20260

3

4 0

5 1

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94201

10

11

1270-3

132-0

SEP 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

J. L. Stevenson
Licensed Embalmer No. 4073

P. O. Address

Lower 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.