

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-045199

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 38

Primary Registration District No. 5-212

Registrar's No. 20

FILED DEC 18 1962

1. PLACE OF DEATH a. COUNTY <b>Carter</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Carter</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Carter</b>		Length of stay in 1b <b>Transient</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Henpeck Road 1 mile off</b>		d. STREET ADDRESS (If outside, give location) <b>Van Buren</b>	
3. NAME OF DECEASED (Type or print) First <b>Feral</b> Middle <b>NMN</b> Last <b>Dawson</b>		4. DATE OF DEATH Month <b>12</b> Day <b>8</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-8-1907</b>
10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	
11. BIRTHPLACE (City and state or country) <b>Carter County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Zim Dawson</b>		13b. MOTHER'S MAIDEN NAME <b>Peral Green</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Lurinda Brakefield Van Buren, 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>Fractured Skull</b> DUE TO (b) <b>Auto Accident</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 checked="" 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.) <b>Car Overtured-Thrown from Car- Head Hit Rocks.</b>	
20c. TIME OF INJURY Hour <b>1030</b> a.m. <b>12-8-62</b> p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <b>Henpeck Road</b>		20f. CITY, TOWN, OR LOCATION <b>Carter Township</b>	
20g. COUNTY <b>Carter Mo.</b>		20h. STATE <b>Mo.</b>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <b>10:35</b> P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) <b>Coleman McSpadden, Coroner</b>	
22b. ADDRESS <b>Van Buren Mo</b>		22c. DATE SIGNED <b>12/10/62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-11-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bramo</b>	23d. LOCATION (City, town, or county) <b>Carter County Mo.</b>
24. FUNERAL DIRECTOR <b>McSpadden Van Buren, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Dec. 12-62</b>	26. REGISTRAR'S SIGNATURE <b>Mrs Octa Henson</b>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

VS 300  
Rev. 4/59

10180  
20180

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**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 Allen E. McJannet

Licensed Embalmer No. 4543

P. O. Address Van Buren, 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.