

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010847

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 72

Primary Registration District No. 4134

Registrar's No. 53

FILED MAR 18 1963

VS:300
Rev: 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SMITHVILLE, MO.</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
Length of stay in 1b <u>2 wks</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SMITHVILLE COMMUNITY HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>1305 E. 56th TERR. N.</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>JOHN T DAWSON</u>		4. DATE OF DEATH Month Day Year <u>MARCH 8 1963</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-16-1916</u>
9. AGE (last birthday) <u>46</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERK (PAYOR) LLOYD A. FRY ROBBING CO.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HARRISONVILLE, MO.</u>	
11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <u>JOHN WESLEY DAWSON</u>		13b. MOTHER'S MAIDEN NAME <u>NELLIE J. SHANHOLTZER</u>	
14. NAME OF HUSBAND OR WIFE <u>DOLORES M. DAWSON</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WW II</u>	
16. SOCIAL SECURITY NO. <u>WN 11</u>		17. INFORMANT <u>DOLORES M. DAWSON</u> Address <u>1305 E. 56th TERR. N.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia Right Lung</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
DUE TO (b) <u>Metastatic Carcinoma to Lung (rt)</u>		<u>6 months</u>	
DUE TO (c) <u>Primary Carcinoma Larynx</u>		<u>4 years</u>	
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 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 Month, Day, Year a.m. p.m.	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 COUNTY STATE		
21. I attended the deceased from <u>February 1953</u> to <u>March 8 1963</u> and last saw him alive on <u>3-7-63</u> Death occurred at <u>12:40 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Ronald E. Kuehn MD</u>	
22b. ADDRESS <u>8400 North Oak Kansas City 35, Mo</u>		22c. DATE SIGNED <u>3-11-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>3-11-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WHITE CHAPEL MEM. GARDENS</u>	
23d. LOCATION (City, town, or county) <u>KANSAS CITY 16, MO.</u>		24. FUNERAL DIRECTOR <u>HARRY BUTLER</u> ADDRESS <u>2100 E. RUSSELL RD.</u>	
25. DATE RECD. BY LOCAL REG. <u>3-11-63</u>		26. REGISTRAR'S SIGNATURE <u>Marquise Hudgens</u>	

USE BLACK INK

OR TYPEWRITER RIBBON

MAR 21 1963

APR 24 1963

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 Harry Butler
Licensed Embalmer No. 2845

P. O. Address 2100 Russell Rd KC 16, 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.

EO-11-8

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