

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047071

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 42

Primary Registration District No. 4053

Registrar's No. 1507

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

M. E. Grimes, M.D. MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Buchenen

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

Length of stay in lb
4 months

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION DeKalb Rest Home

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Platte

c. CITY OR TOWN Deerborn

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
Jefferson Lee Dawson

4. DATE OF DEATH
Month Day Year
December 30-1963

5. SEX
male

6. COLOR OR RACE
white

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
7-30-74

9. AGE (last birthday)
89

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY
farm

11. BIRTHPLACE (City and state or country)
Beth Co. Ky.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

T. R. Dawson

13b. MOTHER'S MAIDEN NAME

Elizebeth Dawson

14. NAME OF HUSBAND OR WIFE

Annie Hedrick

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.
509-10-1162

17. INFORMANT
Address
Charles Dawson, Dearborn, 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)

Acute coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

5 hr

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

DUE TO (b)

advanced Ren. arteriosclerosis

DUE TO (c)

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

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 D.O.A. to and last saw her alive on
Death occurred at 5:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. E. Grimes M.D.

22b. ADDRESS

St Joseph Mo

22c. DATE SIGNED

1-3-64

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1-2-64

23c. NAME OF CEMETERY OR CREMATORY

Fleasant Ridge Cem.

23d. LOCATION (City, town, or county)

Weston, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Vaughn-Aufreng Dearborn, Missouri

25. DATE RECD. BY LOCAL REG.

Jan. 6. 1964

26. REGISTRAR'S SIGNATURE

Mr. Clark Goodell

USE BLACK INK
OR
TYPEWRITER RIBBON

No permit issued.

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 L. R. VAUGHN, Student Embalmer No. 716

working under my personal supervision.

Student

L. R. Vaughn
Signature of Student Embalmer

Signed

W. R. Vaughn

Licensed Embalmer No.

4023

P. O. Address

Weston, Md.

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.