

FILED FEB 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

221

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 137

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1209 No. 26th</u>		d. STREET ADDRESS (If rural, give location) <u>1209 No. 26th St.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Nanette</u>	b. (Middle) <u>DeBaun</u>	c. (Last) <u>Dawson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 27 1949</u>
-------------------------------------	---------------------------	---------------------------	-------------------------	--------------------------------------------------------------

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 4, 1877</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>23</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
----------------------	-------------------------------	-----------------------------------------------------------------------	--------------------------------------	-------------------------------------------	------------------------------------------------	---------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (State or foreign country) <u>Springfield, Mo. D</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
---------------------------------------------------------------------------------------------------------------	-----------------------------------------------------	------------------------------------------------------------------------	---------------------------------------------

13a. FATHER'S NAME <u>John DeBaun</u>	13b. MOTHER'S MAIDEN NAME <u>Nepolianna Biggs</u>	14. NAME OF HUSBAND OR WIFE <u>Max J. Dawson</u>
------------------------------------------	------------------------------------------------------	-----------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Max J. Dawson, St. Joseph, Mo.</u>
-----------------------------------------------------------------------------------------------------------------------	----------------------------------------	------------------------------------------------------------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic myocarditis 2 yrs</u> DUE TO (c) <u>chronic bronchial asthma 2 yrs</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>H 201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--------------------------------------------------	-------------------------------------------------------------------------------------

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
------------------------------------------	------------------------------------------------------------------------------------------	-------------------------------------------------

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>0</u>
------------------------------------------------------	--------------------------------------------------------------------------------------------------------	----------------------------------------

22. I hereby certify that I attended the deceased from Jan. 1, 1949 to Jan. 27, 1949, that I last saw the deceased alive on Jan. 21, 1949, and that death occurred at 4:30 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. J. Fisher</u>	23b. ADDRESS <u>St. Joseph Mo 111 Kirkpatrick</u>	23c. DATE SIGNED <u>1-27-49</u>
----------------------------------------------------------	----------------------------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/29/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>
------------------------------------------------------------	-----------------------------	---------------------------------------------------------------	------------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>Feb. 3, 1949</u>	REGISTRAR'S SIGNATURE <u>G. B. Jenkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heaton-Bowman St. Joseph</u>
-------------------------------------------------	-----------------------------------------------	-----------------------------------------------------------------------------

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed _____

Eugene Wood

Signed.....
Student Embalmer

Licensed Embalmer No. *3804*

P. O. Address *714 So 10th St. Joplin, 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 this body is not embalmed, fact should be so stated above.