

FILED OCT 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33931

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592 Registrar's No. 78

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jefferson</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u> |  |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Herculaneum Mo.</u> |  | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Herculaneum 05079</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION   |  | d. STREET ADDRESS (If rural, give location)  |  |

|                                     |                          |                           |                        |                                       |
|-------------------------------------|--------------------------|---------------------------|------------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Lester</u> | b. (Middle) <u>Gerald</u> | c. (Last) <u>Dawes</u> | 4. DATE OF DEATH (Month) (Day) (Year) |
|                                     |                          |                           |                        | <u>Oct-12-1950</u>                    |

|                    |                               |   |                                     |   |                                 |                                |                       |
|--------------------|-------------------------------|---|-------------------------------------|---|---------------------------------|--------------------------------|-----------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>July 3-1905</u> | 9. AGE (In years last birthday) <u>45</u> | IF UNDER 1 YEAR <u>3</u> Months | IF UNDER 24 HRS. <u>9</u> Days | IF UNDER 1 MIN. _____ |
|--------------------|-------------------------------|---|-------------------------------------|---|---------------------------------|--------------------------------|-----------------------|

|   |   |  |  |
|---|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Crane Operator</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Engineers</u> | 11. BIRTHPLACE (State or foreign country) <u>Guthrie City Iowa</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|---|---|--|--|

|  |   |   |
|--|---|---|
| 13a. FATHER'S NAME <u>Rella G. Dawes</u> | 13b. MOTHER'S MAIDEN NAME <u>Viola Kishling</u> | 14. NAME OF HUSBAND OR WIFE <u>Helen Demean Dawes</u> |
|--|---|---|

|   |                         |   |                          |
|---|-------------------------|---|--------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <u>Helen Demean Dawes</u> | ADDRESS <u>Festus Mo</u> |
|---|-------------------------|---|--------------------------|

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aneurysm of the aorta</u>   |  | <u>2 days</u>                    |
|   | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Massive edema of lung</u><br>DUE TO (c) |  | <u>2 days</u>                    |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  | <u>4331</u>                      |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Minute) <u>10/12/50 11:30 a.m.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|---|--|----------------------------|

22. I hereby certify that I attended the deceased from 10/11, 1950, to 10/12, 1950, that I last saw the deceased alive on 10/12, 1950, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

|  |                                      |                                  |
|--|--------------------------------------|----------------------------------|
| 23a. SIGNATURE <u>Helen Demean</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Herculaneum, Mo.</u> | 23c. DATE SIGNED <u>10/12/50</u> |
|--|--------------------------------------|----------------------------------|

|   |                           |  |  |
|---|---------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>10-15-50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Onawa Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>Onawa, Iowa</u> |
|---|---------------------------|--|--|

|  |   |  |                          |
|--|---|--|--------------------------|
| DATE REC'D BY LOCAL REG. <u>10-12-50</u> | REGISTRAR'S SIGNATURE <u>Eleanor Province Rep</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>H. W. Wenzel</u> | ADDRESS <u>Festus Mo</u> |
|--|---|--|--------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, OREGON  
DATE RECEIVED 10-18-50

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Alvin J. ...*

Signed.....

Student Embalmer

Licensed Embalmer No. 3010

P. O. Address Festus ...

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.