

FILED AUG 14 1951

STANDARD CERTIFICATE OF DEATH

State File No. 22397

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY Cedar Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) Eldorado Springs		c. CITY (If outside corporate limits, write RURAL and give township) Eldorado Springs Mo.	
c. LENGTH OF STAY (In this place or township) 4 months		d. STREET ADDRESS (If rural, give location) 608 S. Main St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If in hospital or institution, give street address or location) Chambers Hospital			

3. NAME OF DECEASED a. (First) JOHN b. (Middle) WILLIAM c. (Last) DAWSON			4. DATE OF DEATH (Month) (Day) (Year) 7-20-51	
---	--	--	---	--

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH 4-12-1873	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
-------------	------------------------	--	----------------------------	------------------------------------	------------------------	----------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) M.D.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Cedar Co. Mo.	12. CITIZEN OF WHAT COUNTRY? United States
--	-----------------------------------	---	--

13a. FATHER'S NAME William E. Dawson	13b. MOTHER'S MAIDEN NAME Fannie Fobis	14. NAME OF HUSBAND OR WIFE Cara S. Dawson
--------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Cara S. Dawson	ADDRESS 608 S. Main St.
--	------------------------------	--	-------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 mo
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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	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)	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 3 March 1951, to 20 July, 1951, that I last saw the deceased alive on 20 July, 1951, and that death occurred at 10:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE John Hill M.D.	(Degree or title)	23b. ADDRESS Eldorado Springs, Mo.	23c. DATE SIGNED 23 July 1951
-------------------------------	-------------------	------------------------------------	-------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-23-51	24c. NAME OF CEMETERY OR CREMATORY Eldorado Springs	24d. LOCATION (City, town, or county) (State) Eldorado Springs, Mo.
--	-------------------	---	---

DATE REC'D BY LOCAL REG. July 23, 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS [Address]
--	-----------------------------------	--	-------------------

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

1201
0

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED AUG 7 1951

Dist. File 851-1462

Date Filed 8-9-51

MAR 21 1955

MAR 21 1955

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 *Floyd E. Casathus*

Signed
Student Embalmer

Licensed Embalmer No. *4419*

P. O. Address *E. W. Road, Spgs, 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 this body is not embalmed, fact should be so stated above.