

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **40543**

FILED DEC 28 1951

BIRTH NO. _____		REG. DIST. NO. 1	PRIMARY REG. DIST. NO. 3000	Registrar's No. 343
1. PLACE OF DEATH a. COUNTY Adair 0013		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair 0013		
b. CITY (If outside corporate limits, write RURAL and give township) Kirksville		c. CITY (If outside corporate limits, write RURAL and give township) GREEN TOP		
c. LENGTH OF STAY (in this place) 9 mo.		d. STREET ADDRESS (If rural, give location) RURAL ROUTE 3		
d. FULL NAME OF HOSPITAL OR INSTITUTION COMMUNITY NURSING HOME #1				
3. NAME OF DECEASED a. (First) BENJAMIN		b. (Middle) Lewis		c. (Last) DAWKINS
(Type or Print)		4. DATE OF DEATH 12-29-51		(Month) (Day) (Year)
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH 12-30-61	9. AGE (In years last birthday) 89
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER, Rtd.		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	11. BIRTHPLACE (State or foreign country) West Virginia	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME THOMAS JEFFERSON DAWKINS		13b. MOTHER'S MAIDEN NAME FLORELLA HAWKINS DAWKINS	14. NAME OF HUSBAND OR WIFE SUSAN EMMA STEWART DAWKINS	
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 THOMAS IRL DAWKINS	
				ADDRESS ROUTE 3 GREEN TOP, MO.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MEDULLARY PARALYSIS		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) UREMIA		
		DUE TO (c) CHRONIC GLOMERULONEPHRITIS		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 593X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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 March 19, 1951 , to Dec. 19, 1951 , that I last saw the deceased alive on Dec. 19, 1951 , and that death occurred at 9:00 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) W. T. Lubinski M.D.		23b. ADDRESS Kirksville, Mo.		23c. DATE SIGNED 12-20-51
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC. 22, 1951	24c. NAME OF CEMETERY OR CREMATORY OWASCO CEMETERY	24d. LOCATION (City, town, or county) (State) SULLIVAN Co., MO.
DATE REC'D BY LOCAL REG. 12-22-51		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE Glenn E. Kent & Son, Green City, Mo.

(Licensed Embalmers' Statement on Reverse Side)

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

DEC 26 1951

Date Received:
DISTRICT HEALTH OFFICE
District File Number 12-5
Date Filed: DEC 26 1951

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
Student Embalmer

Signed Karl R. Kent
Licensed Embalmer No. 4689
P. O. Address Green City, 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.