

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

24101

State File No. _____

FILED JUL 27 1953

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 211

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|--|--|--|--|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | |
| a. COUNTY <u>Cape Girardeau</u> | | a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Madrid</u> | |
| c. LENGTH OF STAY (in this place) <u>10 DYS</u> | | d. STREET ADDRESS (If rural, give location) <u>0721</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hospital</u> | | | |

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|--|-----------------------------|---|--|---|--|
| 3. NAME OF DECEASED | | | 4. DATE OF DEATH | | |
| a. (First) <u>Doyme</u> | b. (Middle) <u>(Dawson)</u> | c. (Last) | (Month) <u>July</u> | (Day) <u>9</u> | (Year) <u>53</u> |
| 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | | 8. DATE OF BIRTH <u>Jan, 4 1888</u> |
| 9. AGE (In years last birthday) <u>65</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant and Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>New Madrid, Mo</u> | |
| | | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | | |

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| 13a. FATHER'S NAME <u>Geo. Dawson</u> | 13b. MOTHER'S MAIDEN NAME <u>Dixie Howard</u> | 14. NAME OF HUSBAND OR WIFE <u>None.</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>486-38-1671</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Paul Dawson, New Madrid, 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, ashenic, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u> <u>10 yrs.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary occlusion and myocardial infarction.</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary artery disease</u> DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>4201</u> | |

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| 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 June 30, 1953, to July 9, 1953, that I last saw the deceased alive on July 9, 1953, and that death occurred at 10:30 am., from the causes and on the date stated above.

| | | |
|---|---|---|
| 23a. SIGNATURE (Design or title) <u>Charles E. Wilson M.D.</u> | 23b. ADDRESS <u>714 Broadway Cape Girardeau Mo</u> | 23c. DATE SIGNED <u>7-14-53</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>July, 11, 53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cemetery</u> |
| | | 24d. LOCATION (City, town, or county) (State) <u>New Madrid, Mo.</u> |

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|--|--|-------------|--|----------------------------------|
| DATE REC'D BY LOCAL REG. <u>7-21-53</u> | REGISTRAR'S SIGNATURE <u>C. C. Summer</u> | 44-0 | 5. FUNERAL DIRECTOR'S SIGNATURE <u>Leo Hedgcock</u> | ADDRESS <u>New Madrid</u> |
|--|--|-------------|--|----------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAY 3 1956

MAY 3 1956

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 *L. S. Hulguth*

Licensed Embalmer No. 3803

P. O. Address New Madrid, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.