

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19807

State File No. _____
Registrar's No. 167

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 5853

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY OR TOWN <u>Maryville - rural</u> LENGTH OF STAY (If in place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Skidmore</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pleasant Hill Nursing Home</u>		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED a. (First) <u>Mary</u> b. (Middle) <u>Trifanna</u> c. (Last) <u>Dawson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-30-1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>9-15-1868</u>
9. AGE (In years last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Jared Long</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Mitchell</u>	
14. NAME OF HUSBAND OR WIFE <u>John Dawson - deceased</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>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J.L. Dawson - Denver, Colo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>C.V. Accident</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebral arteriosclerosis?</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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>331X</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)		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 <u>4-3</u> , 19 <u>54</u> , to <u>6-30</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>6/19</u> , 19 <u>54</u> , and that death occurred at <u>2:10 pm.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>B. E. Byland M.D.</u> (Degree if title)		23b. ADDRESS <u>Maryville, Mo.</u>	
23c. DATE SIGNED <u>7/3/54</u>		24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>7/2/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Graham Cemetery</u>	
24d. LOCATION (City, town, or county) (Specify) <u>Graham, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>G.M. Atchison - Maryville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-10-54</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>	

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

AUG 4 1961

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

G. M. Atkinson

Licensed Embalmer No.

2379

P. O. Address

Maryville 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.