FILED JUL 26 1954

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. DURWARD HALL

State File No. 22685

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 700

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Springfield
c. LENGTH OF STAY (In this place) 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) BAPTIST HOSPITAL SPFLD BAPTIST HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO.
b. COUNTY CEDAR
c. CITY OR TOWN CAPLINGER MILLS
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 0204

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) M. c. (Last) DAWES

4. DATE OF DEATH (Month) JULY (Day) 18 (Year) 1954

5. SEX MALE **6. COLOR OR RACE** WHITE **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) W **8. DATE OF BIRTH** MAY 13, 1875 **9. AGE** (In years last birthday) 79 IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER
10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE
11. BIRTHPLACE (City and State or Foreign Country) CAPLINGER MILLS, MO.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JOHN DAWES
13b. MOTHER'S MAIDEN NAME SOPHIA ELLEN TARTER
14. NAME OF HUSBAND OR WIFE MYRTLE E. DAWES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME MYRTLE E. DAWES **ADDRESS** CAPLINGER MILLS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Post-operative shock — 2 days
DUE TO (c) Cholelithiasis + Appendicitis — 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Age —

19a. DATE OF OPERATION 7/15/54
19b. MAJOR FINDINGS OF OPERATION Cholelithiasis 584 X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/13/54, *to* 7/18/54, *that I last saw the deceased alive on* 7/18/54, *and that death occurred at* 6:35A *m., from the causes and on the date stated above.*

23a. SIGNATURE Durward E. Hall (Degree or title) M.D.
23b. ADDRESS Springfield, Mo
23c. DATE SIGNED JUL 19 1954

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE JULY 18, 54
24c. NAME OF CEMETERY OR CREMATORY —
24d. LOCATION (City, town, or county) (State) Stockton, Missouri

DATE REC'D BY LOCAL REG. 7-20-54
REGISTRAR'S SIGNATURE Edith Williamson
25. FUNERAL DIRECTOR'S SIGNATURE H. H. LOHMEYER **ADDRESS** 500 E. WALNUT

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed H L McCann

Licensed Embalmer No. 272

P. O. Address Springfie

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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