

FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8471

State File No.

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 3013 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>North Kansas City</u>		c. CITY OR TOWN <u>North Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>70 Yrs.</u>		STREET ADDRESS (If rural, give location) <u>2301 Erie</u> <u>600/0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2301 Erie</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Katie</u>		b. (Middle)		c. (Last) <u>Dawson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 20 1956</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 17, 1869</u>	
9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Days		IF UNDER 2 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>und Arbuckle</u>		13b. MOTHER'S MAIDEN NAME <u>und - Blackburn</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Dawson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>C. C. Witter</u>	
(If yes, give war or dates of service)		ADDRESS <u>2301 Erie North Kansas City</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ventricular fibrillation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>terminal</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Chronic myocardial degeneration</u>		3-4 yrs	
		DUE TO (c) <u>Hypertension</u>		abt 10 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443x</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 about Jan 31, 1956 to Mar 20, 1956, that I last saw the deceased alive on Mar 17, 1956, and that death occurred at 10:15 am., from the causes and on the date stated above.

23a. SIGNATURE <u>L. Leback</u>		(Degree or title)		23b. ADDRESS <u>2025 Buff - North Kansas City</u>		23c. DATE SIGNED <u>3/21/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-22-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old German Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Platte County, Mo/</u>	

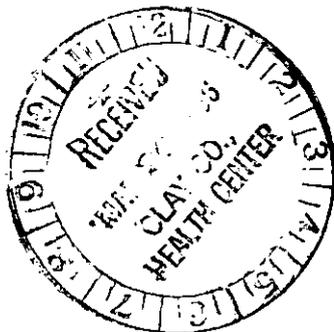
DATE REC'D BY LOCAL REG. <u>3-22-56</u>		REGISTRAR'S SIGNATURE <u>Marquerite Judgens</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Newcomer's Sons</u>		ADDRESS <u>North Kansas City, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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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
Signature of Student Embalmer

Signed *Blair H. Hill*

Licensed Embalmer No. *45*

P. O. Address *K.C. 10*

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

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