

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13764

State File No. _____

FILED MAY 11 1956

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 5596 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>2179</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Valle</u>		c. LENGTH OF STAY (If in this place) <u>1 day</u>	c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hiway #21</u>			e. STREET ADDRESS (If rural, give location) <u>4537 Shenandoah St.</u>		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH	
a. (First) <u>Willa</u>	b. (Middle) <u>Mae</u>	c. (Last) <u>Dawson</u>	Date (Month) (Day) (Year)	<u>5-5-56</u>

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 22, 1924</u>		9. AGE (In years last birthday) <u>31</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Telephone</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Model, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Jordon Outland</u>		13b. MOTHER'S MAIDEN NAME <u>Gertrude Knight</u>		14. NAME OF HUSBAND OR WIFE <u>Raymond Dawson</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>406-26-1144</u>	17. INFORMANT'S SIGNATURE OR NAME <u>RAY DAWSON - ST. LOUIS, 770.</u>				ADDRESS <u>770.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental death</u>				
		ANTECEDENT CAUSES				
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
		DUE TO (b) _____				
		DUE TO (c) _____				
		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>45</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>COUNTRY</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Washington Mo.</u>		
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21d. TIME OF INJURY <u>MAY 5-56 3:30 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell From Cliff</u>		
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22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Arthur B. Jernstedt, D.O. Coroner Jefferson</u>		23b. ADDRESS <u>303 W. Main St. Festus, Mo.</u>		23c. DATE SIGNED <u>5-6-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-9-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dover</u>	24d. LOCATION (City, town, or county) (State) <u>Dover, Tenn.</u>	
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DATE REC'D BY LOCAL REG. <u>5-8-56</u>	REGISTRAR'S SIGNATURE <u>Marie Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Lee Mathershead</u>		ADDRESS <u>De Soto, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

16
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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

MAY 10 1956

MAY 11 1956

MAY 11 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.....
Signature of Student Embalmer

Signed.....
J. E. Mothershead

Licensed Embalmer No. 35
P. O. Address.....
D. J. Atto

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.