FILED AUG 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 027676
STATE FILE NUMBER

Registration District No. 369 Primary Registration District No. 5161 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New Bloomfield — Inside Limits Yes ☐ No ☑
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home — Length of stay in 1b 14 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Callaway
c. CITY OR TOWN New Bloomfield — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First: Richard Middle: Lionel Last: Dawson
4. DATE OF DEATH Month: Aug Day: 12 Year: 57
5. SEX M
6. COLOR OR RACE W
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH June 10 1895
9. AGE (In years last birthday) 62 — IF UNDER 1 YEAR: Months 2, Days 2 — 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 Farm
11. BIRTHPLACE (City and state or country) Scrivner Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Wm Dawson
14. MOTHER'S MAIDEN NAME Julia Ann Evans
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. 489-42-9126
17. INFORMANT Mrs R-J Dawson Address New Bloomfield

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) General Sclerosis arteris — INTERVAL BETWEEN ONSET AND DEATH: Long month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Mar 1-1957 to Aug 12-1957 and last saw him alive on Aug 12-1957
Death occurred at 12:40 P m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Ernest Rusk M.D. (Degree or title)
22b. ADDRESS New Bloomfield Mo
22c. DATE SIGNED 8/13 57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug 14-1957
23c. NAME OF CEMETERY OR CREMATORY New Salem Cemetery
23d. LOCATION (City, town, or county) Ashland (State) Mo
24. FUNERAL DIRECTOR LeRoy Claypool ADDRESS New Bloomfield
25. DATE RECD. BY LOCAL REG. Aug 12-57
26. REGISTRAR'S SIGNATURE LeRoy Claypool

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed LeRoy Claypool

Licensed Embalmer No. 44

P. O. Address New Bloo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.