

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020877
STATE FILE NUMBER

FILED JUN 30 1958

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 272

1. PLACE OF DEATH a. COUNTY Boone			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Inside Limits, Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Clifton Hill		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION University Hosp.		Length of stay in 12 days	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ANNA Middle GRACE Last Dawson Lawrence ANNA Dawson			4. DATE OF DEATH Month June Day 20 Year 58		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-8-08		9. AGE (In years, bl. day) 50
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Worker		10b. KIND OF BUSINESS OR INDUSTRY GARMENT INDUSTRY		11. BIRTHPLACE (City and state or country) MACON COUNTY, MO.	
12. CITIZEN OF WHAT COUNTRY? United States		13a. FATHER'S NAME JAMES LAWRENCE		13b. MOTHER'S MAIDEN NAME ELIZABETH ETENER	
14. NAME OF HUSBAND OR WIFE Jethro Dawson		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 499-38-8779	
17. INFORMANT Hospital Chart		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE ENDOCARDITIS AND MYOCARDITIS DUE TO (b) ACUTE RHEUMATIC FEVER DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 4011		INTERVAL BETWEEN ONSET AND DEATH 2 MONTHS 2 1/2 MONTHS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 6/9/58 to 6/20/58 and last saw her alive on 6/20/58 Death occurred at 11:50 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Diane Burkardt, M.D.			22b. ADDRESS U. of Mo. Hospital Columbia, Mo.		22c. DATE SIGNED 6-21-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/23/58	23c. NAME OF CEMETERY OR CREMATOR Clifton Hill Cemetery		23d. LOCATION (City, town, or county) (State) Clifton Hill, Mo.
24. FUNERAL DIRECTOR JOB Patton, Son, Huntwell, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. June 21 1958	26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

cert. by Dr. D. 7-10-58

All diseases in Part I must be causally related.

300
-57

JUL 6 1956

JUL 10 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 *Paul Patton*

Licensed Embalmer No. *4095*

P. O. Address *Huntville, Ala*

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.