

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018564

FILED VS JUN 2 1960 47

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 154

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Fulton		Length of stay in lb 6 Hrs.	c. CITY OR TOWN McCredie
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.F.D.# 1
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Martin Middle Yates Last Dawson			4. DATE OF DEATH Month May Day 25 Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/15/1891	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Near Fulton, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Ben Y. Dawson		13b. MOTHER'S MAIDEN NAME Frances Moore		14. NAME OF HUSBAND OR WIFE Eunice Kemp Dawson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unk.		16. SOCIAL SECURITY NO. unk.	17. INFORMANT Address Mrs. Sam Barnes, McCredie, Mo R#1		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Accident		INTERVAL BETWEEN ONSET AND DEATH 5 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertension & Gen Arteriosclerosis	
	DUE TO (c) Cardiac Anomalia	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		20d. INJURY OCCURRED WHILE AT WORK <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 hours) 5/25/60 to time of death and last saw him alive on 5/21/60 Death occurred at 9:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) George J Wood M D		22b. ADDRESS 614 Madal St Fulton Mo	22c. DATE SIGNED 5/26/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE May 26, 1960	23c. NAME OF CEMETERY OR CREMATORY D.K Las Cruces	23d. LOCATION (City, town, or county) (State) New Mexico
24. FUNERAL DIRECTOR ADDRESS Hallam Funeral Home, Fulton Mo		25. DATE RECD. BY LOCAL REG. May 26-1960	26. REGISTRAR'S SIGNATURE Maretha Lawrence

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

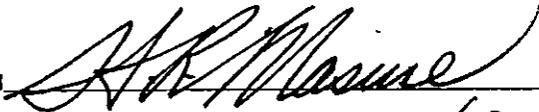
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed



Licensed Embalmer No. 4996

P. O. Address Fulton, Mo

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.