

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035324

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 175		Primary Registration District No. 3036		Registrar's No. 140		
FILED OCT 5 1962						
1. PLACE OF DEATH a. COUNTY LAWRENCE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY LAWRENCE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN AURORA		Length of stay in 1b YRS	c. CITY OR TOWN AURORA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 127 W. MYRTLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 127 W. MYRTLE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ARTHUR ALLEN DAWDY			4. DATE OF DEATH Month Day Year SEPT. 25, 1962			
5. SEX MALE	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 12/17/87	9. AGE (last birthday) 74 IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. MACHINIST		10b. KIND OF BUSINESS OR INDUSTRY MACHINE REPAIR HARRISON CO., IA		11. BIRTHPLACE (City and state or country) IA USA		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME MATT DAWDY		13b. MOTHER'S MAIDEN NAME CLARISE PECKENPAUGH		14. NAME OF HUSBAND OR WIFE ILA DAWDY		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			17. INFORMANT Address MRS. ILA DAWDY: AURORA, MO.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						
IMMEDIATE CAUSE (a)			<i>Hemorrhage, Lower Intestinal Tract</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 Day</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) <i>Carcinoma, Metastatic Colon</i>		<i>6 months</i>	
			DUE TO (c) <i>Carcinoma of the Liver</i>		<i>18 months</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Hypertension Essential</i>				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 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 a.m. p.m.	Month, Day, Year					
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 <i>July 1, 1960</i> to <i>Sept. 25, 1962</i> and last saw him alive on <i>Sept 25, 1962</i> Death occurred at <i>9:30 A.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <i>Kenneth L. Beley, M.D.</i>			22b. ADDRESS <i>Aurora, Mo.</i>		22c. DATE SIGNED <i>Sept 26, 1962</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
BURIAL	9/28/62	MR. OLIVE CEMETERY		MARIONVILLE: MO.		
24. FUNERAL DIRECTOR ADDRESS ARNOLD'S FUNERAL HOME: AURORA, MO.			25. DATE RECD. BY LOCAL REG. 9-26-62	26. REGISTRAR'S SIGNATURE <i>George Langley</i> <i>Rex Phillips</i>		

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 Erwin R. Donald

Licensed Embalmer No. 4929

P. O. Address Avoca, 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.