

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9360

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 222 PRIMARY REG. DIST. NO. 4332 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <b>Moniteau</b>		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Moniteau</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Clarksburg</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Clarksburg</b>	
c. LENGTH OF STAY (in this place) <b>10 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>No street numbers</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>No street numbers</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Waller</b>	b. (Middle) <b>Parker</b>	c. (Last) <b>Dawson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March, 22, 1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March, 11, 1869</b>	9. AGE (In years last birthday) <b>82</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	11. BIRTHPLACE (State or foreign country) <b>0</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <b>Noah Dawson</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Payne</b>	14. NAME OF HUSBAND OR WIFE <b>Ellen S. Dawson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ellen S. Dawson (Wife)</b>	ADDRESS <b>Clarksburg, Mo</b>
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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 <b>12 hours</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>	DUE TO (b) <b>Arteriosclerosis</b>		4201
ANTECEDENT CAUSES	DUE TO (c)		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>Clarksburg Moniteau Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **May 19, 1949** to **March 27, 1951**, that I last saw the deceased alive on **Feb. 3, 1951**, and that death occurred at **2:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>D. J. Benial</b>	23b. ADDRESS <b>S.O. California, Mo.</b>	23c. DATE SIGNED <b>3/23/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3/25/1951</b>	24c. NAME OF CEMETERY OR CREMATOR <b>Masonic Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Clarksburg, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>March 26 1951</b>	REGISTRAR'S SIGNATURE <b>Sweth Douglas Deputy</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>James L. Richards</b>	ADDRESS <b>Tipton, Mo</b>
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(Licensed Emballer's Statement on Reverse Side)

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

680  
1

RECEIVED 3-28-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 3-28-51 \_\_\_\_\_

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 .....  
Student Embalmer

Signed *James E. Richards* \_\_\_\_\_

Licensed Embalmer No. *2466* \_\_\_\_\_

P. O. Address *Lipton MD* \_\_\_\_\_

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 this body is not embalmed, fact should be so stated above.