

124

STATE FILE NUMBER

70 0016564

CERTIFICATE OF DEATH

Registration District No. 224 Primary Registration District No. 5796 Registrar's No. 21

DO NOT WRITE
ON THIS STUB

9. 0
10a. 57
10b. 90
11. 0
12. 13
13. 428X
14. 4
15. 4
16. 6.0681
17. 3
18. 3
19. CREDITS
20. 3-0

VS 300
Rev. 1/70

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

DECEASED
PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. <u>Lemarr Wilson Dawson</u>					2. <u>Male</u>	3. <u>4/16/70</u>	
RACE (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. <u>White</u>		5a. <u>57</u>	5b. <u>57</u>	5c. <u>57</u>	6. <u>Sept 27 1912</u>		7a. <u>Moniteau</u>
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. <u>California, Mo</u>		7c. <u>Yes</u>		7d. <u>Home-- Rt # 3</u>			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. <u>Missouri</u>		9. <u>U.S.A.</u>		10. <u>Divorced</u>		11. <u>None</u>	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. <u>Retired Farming</u>		13a. <u>Work On Farm</u>					
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		
14a. <u>Missouri</u>		14b. <u>Moniteau</u>	14c. <u>California, Mo</u>		14d. <u>Yes</u>		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
15. <u>Walter Dawson-(Deceased)</u>					16. <u>Lena (Markel) Dawson</u>		
INFORMANT—NAME		MAILING ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. <u>Charles Dawson</u>		17b. <u>2944 E. 43rd St North-Kansas City, Mo</u>					
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE		18. <u>Chronic myocarditis</u>					2 years
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST		(b) DUE TO, OR AS A CONSEQUENCE OF:					
		(c) DUE TO, OR AS A CONSEQUENCE OF:					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO)					IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19a. <u>no</u>		19b. <u>no</u>					19c. <u>no</u>
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a. <u>no</u>		20b. <u>no</u>		20c. <u>no</u>			
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS	
20a. <u>no</u>		20b. <u>no</u>		20c. <u>no</u>		20d. <u>no</u>	
CERTIFICATION—PHYSICIAN:		MONTH		DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON	
21a. <u>no</u>		21b. <u>no</u>		21c. <u>no</u>		21d. <u>no</u>	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		4-16-70		2 P.M.		22b. <u>April 16 1970</u>	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)	
23a. <u>Kennos LATHAM M.D.</u>		23b. <u>Kennos Latham M.D.</u>		23c. <u>no</u>		23d. <u>4-17-70</u>	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE	
23a. <u>no</u>		23b. <u>no</u>		23c. <u>no</u>		23d. <u>no</u>	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN	
24a. <u>Burial</u>		24b. <u>City Cemetery</u>		24c. <u>California, Mo</u>		24d. <u>no</u>	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP			
24a. <u>4/19/70</u>		24b. <u>Bowlin Funeral Home-100 S Oak-</u>		24c. <u>California, Mo- 65018</u>			
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
25a. <u>John B. Bowlin</u>		25b. <u>Stenice H. Kelly</u>		25c. <u>April 17-1970</u>			

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

APR 27 1970

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

John R. Bowlin

Licensed Embalmer No. 5750

P. O. Address Califomia, 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.