No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 30 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40873

Registration District No. 38 — Primary Registration District No. 3006 — Registrar's No. 313

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia (If outside city or town limits, write "RURAL" and name of township) 0
(c) Name of hospital or institution: University Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Hrs. 13 Min. (Specify whether
In this community ... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone 10
(c) City or town: Columbia 2 (If outside city or town limits, write "RURAL") 4
(d) Street No.: Rosemary Apts. 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: EDITH HUGHES
3. (b) If veteran, name war: None
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Dr. Lawson Hughes
6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased: 5 (Month) - 5 (Day) - 1892 (Year)

8. AGE: Years	Months	Days	If less than one day
55	7	9	... hr. ... min.

9. Birthplace: Warrenton (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Saleslady for Buchroeder Jewelry
11. Industry or business:
FATHER
12. Name: Nathan Henry Dowdell
13. Birthplace: Silverwood (City, town, or county) Indiana (State or foreign country) 1
MOTHER
14. Maiden name: Julia Lucas
15. Birthplace: Winslow (City, town, or county) Indiana (State or foreign country) 1
16. (a) Informant: Mrs. Frank Steinle
(b) Address: Illinois
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 12-15-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Carbondale, Illinois
18. (a) Signature of funeral director: Parker Funeral Service
(b) Address: Columbia, Mo.
19. (a) 12-15-47 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature) 51

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14 year 1947 hour 10 minute 25 P.M.
21. I hereby certify that I attended the deceased from June 1946, 19..., to December 14, 1947 that I last saw her alive on December 14, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	6 hrs
Due to	
Due to	
Other conditions: Hypertension, essential ? (Include pregnancy within 3 months of death) Heart Block; Auricular fibrillation	6 hrs

Major findings:
Of operations
Of autopsy 95 A

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) 0
While at work? (e) Means of injury
23. Signature: Charles A. Leech Jr. (M. D. or other) MD.
Address: Columbia, Mo. Date signed: 12-15-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12/29/47

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 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed W. N. Whitesides

Licensed Embalmer No. 3893

P. O. Address Columbia 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 this body is not embalmed. fact should be so stated above.