

FILED MAR 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4562

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 202

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
c. LENGTH OF STAY (In this place) <u>3 Mos.</u>		d. STREET ADDRESS (If rural, give location) <u>438 1/2 E. Commercial St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>438 1/2 E Commercial</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>E.</u>	c. (Last) <u>McDowell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>February 27, 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>July 11, 1900</u>	9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS* OR INDUSTRY <u>Laborer</u>	11. BIRTHPLACE (State or foreign country) <u>Dixon Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joe McDowell</u>	13b. MOTHER'S MAIDEN NAME <u>Almedia Bartlett</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>499-05-9409</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. James Morehouse</u>	ADDRESS <u>Springfield</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Supercatation due to</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>absidental fall on face</u> DUE TO (c) <u>forcing face &amp; nose into carpet</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Alcoholism</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

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) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Sleeping room</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Springfield Greene Co. 133</u>
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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 Feb 27, 1949, to Feb 27, 1949, that I last saw the deceased decease Feb 27, 1949, and that death occurred at 3:00 6:00 am., from the causes and on the date stated above.

23a. SIGNATURE <u>W. B. Blount M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Springfield Mo. 1000 E. Cooper Greene Co.</u>	23c. DATE SIGNED <u>2/28/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2-28-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rolla Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rolla, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2/29/49</u>	REGISTRAR'S SIGNATURE <u>W. E. Handley M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Klingner &amp; Co.</u>	ADDRESS <u>Spfld. Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

*Oglet Stone Jr.*

Licensed Embalmer No. *4176*

P. O. Address *Springfield*

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.