

FILED MAR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8122

BIRTH NO. _____		REG. DIST. NO. <u>128</u>	PRIMARY REG. DIST. NO. <u>5465</u>	Registrar's No. <u>220</u>
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 town) <u>rural 2nd Campbell</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>rural 2nd Campbell</u>		
c. LENGTH OF STAY (In this place) <u>40 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>ht. 7 Springfield</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 7 Springfield</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 7 Springfield</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mahala</u>		b. (Middle) <u>Caroline</u>		c. (Last) <u>Dow</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 5 1949</u>		5. SEX <u>Female</u>		
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 26 1847</u>
9. AGE (In years last birthday) <u>82</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>
11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>W. M. Durham</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>
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>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James W. Harper</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombosis Coronary</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension Chronic severe</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Myocarditis Chronic</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Nephritis Chronic moderate</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>2 years</u>
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>444X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>
22. I hereby certify that I attended the deceased from <u>Feb</u> , 19 <u>48</u> , to <u>Mar</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1 Mar</u> , 19 <u>49</u> , and that death occurred at <u>7 P.</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>J. Newton Wakeman</u>		23b. ADDRESS (Degree or title) <u>M.D. Springfield Mo.</u>		23c. DATE SIGNED <u>8 Mar 49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-7-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lindsey Chapel</u>
24d. LOCATION (City, town, or county) (State) <u>S. E. of Republic</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Klingner & Co.</u>		
DATE REC'D BY LOCAL REG. <u>3/8/49</u>		REGISTRAR'S SIGNATURE <u>W. S. Handley</u>		ADDRESS <u>Springfield</u>

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 8 1949

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.

Signed _____

Max Rhodes

Signed _____
Student Embalmer

Licensed Embalmer No. _____

4071

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.