

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14577

BIRTH NO. _____ REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 6152 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural (Liberty))		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberty (Rural)	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) Star Route, Dexter, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) Elsie		b. (Middle) James	
		c. (Last) Dowdy	
4. DATE OF DEATH (Month) (Day) (Year) April 7, 1949			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 16, 1909
9. AGE (In years last birthday) 39		IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Days 22 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) State Highway Emp.		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Stoddard County, Mo		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME John Dowdy		13b. MOTHER'S MAIDEN NAME Florence Warren	
		14. NAME OF HUSBAND OR WIFE Clara Dowdy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 487-18-0235	
		17. INFORMANT'S SIGNATURE OR NAME Clara Dowdy	
		ADDRESS Dexter, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sulfamid ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 240	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-3- , 19 49 , to 4-7- , 19 49 , that I last saw the deceased alive on _____, 19____, and that death occurred at 11:30P m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) S. S. Davis M.D.		23b. ADDRESS Dexter, Mo	
		23c. DATE SIGNED 4-10-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-10-49	
24c. NAME OF CEMETERY OR CREMATORY Dexter		24d. LOCATION (City, town, or county) (State) Dexter, Missouri	
DATE REC'D BY LOCAL REG. 4-12-49		REGISTRAR'S SIGNATURE Thomas V. Jenkins	
		25. FUNERAL DIRECTOR'S SIGNATURE Strickland-Rainey	
		ADDRESS Dexter, Mo.	

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

RECEIVED

District Health Office No. 2

District File Number 449-509

Date Filed 4-21-69

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 _____

Signed _____
Student Embalmer

Licensed Embalmer No. 3479

P. O. Address Dexter, 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.