

FILED JUN 10 1949

STANDARD CERTIFICATE OF DEATH

State File No. **15265**

|   |  |   |   |   |   |   |   |   |         |  |
|---|--|---|---|---|---|---|---|---|---------|--|
| BIRTH NO.   |  | REG. DIST. NO. <u>71</u>  |   | PRIMARY REG. DIST. NO. <u>3012</u>  |   | Registrar's No. <u>62</u>   |   |   |         |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Clay</u>  |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> <u>24</u> |   |   |   |   |         |  |
| b. CITY (If outside corporate limits, write RURAL and give town(ship))<br><u>Excelsior Springs, Mo.</u>   |  | c. LENGTH OF STAY (in this place)<br><u>7 min.</u>  |   | c. CITY (If outside corporate limits, write RURAL and give town(ship))<br><u>Excelsior Springs</u>  |   |   |   |   |         |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)<br><u>Veterans Administration Hosp. Excelsior Springs, Missouri</u>  |  |   |   | d. STREET ADDRESS (If rural, give location)<br><u>Persimmon Drive</u>   |   |   |   |   |         |  |
| 3. NAME OF DECEASED (Type or Print)<br><u>Fred D. Dowell</u>  |  |   | a. (First)  |   | b. (Middle)                                     |   | c. (Last)   |   |         |  |
| 4. DATE OF DEATH (Month) (Day) (Year)<br><u>June 3 1949</u>   |  | 5. SEX<br><u>Male</u>   |   | 6. COLOR OR RACE<br><u>White</u>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>  |   | 8. DATE OF BIRTH<br><u>October 2, 1899</u>  |         |  |
| 9. AGE (In years last birthday) <u>49</u>   |  | IF UNDER 1 YEAR Months  |   | IF UNDER 1 YEAR Days  |   | IF UNDER 24 HRS. Hours  |   | Min.  |         |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Guard Chauffeur</u>   |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Veterans Admin.</u> |   |   | 11. BIRTHPLACE (State or foreign country)<br><u>Carbon, Indiana</u>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                                       |         |  |
| 13a. FATHER'S NAME<br><u>Charles L. Dowell</u>  |  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Ellen Hill</u>              |   |   | 14. NAME OF HUSBAND OR WIFE<br><u>Linnie Dowell</u>   |   |   |         |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>  |  | (If yes, give war or dates of service)<br><u>WW I and WW II</u>   |   | 16. SOCIAL SECURITY NO.<br><u>None</u>  |   | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Hospital Records, Veterans Administration Hospital, Excelsior Springs, Missouri</u> |   |   | ADDRESS |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Calcereous aortic stenosis with occlusion of the ostia of the coronary vessels</u> |   |   |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>5 min.</u>                                   |         |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) <u>Coronary occlusion due to arteriosclerosis</u>   |  | DUE TO (c)  |   |   |   |   |   |   |         |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |   |   |   |   |   |   | <u>4501</u>   |         |  |
| 19a. DATE OF OPERATION<br>---   |  | 19b. MAJOR FINDINGS OF OPERATION<br>---   |   |   |   |   |   | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |         |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br>---   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br>---   |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br>---  |   |   |   |   |         |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br>---  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   | 21f. HOW DID INJURY OCCUR?<br>---   |   |   |   |   |         |  |
| 22. I hereby certify that I attended the deceased from <u>June 3, 1949</u> , to <u>June 3, 1949</u> , that I last saw the deceased alive on <u>June 3, 1949</u> , and that death occurred at <u>8:00 a.m.</u> , from the causes and on the date stated above. |  |   |   |   |   |   |   |   |         |  |
| 23a. SIGNATURE<br><u>A. A. SPRONG</u>   |  |   |   | (Degree or title)<br><u>M.D.</u>  |   | 23b. ADDRESS<br><u>Excelsior Springs, Mo.</u>   |   | 23c. DATE SIGNED<br><u>6-3-49</u>   |         |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |  | 24b. DATE<br><u>6-3-49</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Crown Hill</u>   |   | 24d. LOCATION (City, town, or county) (State)<br><u>Excelsior Spgs Mo.</u>  |   |   |         |  |
| DATE REC'D BY LOCAL REG.<br><u>6/3/49</u>   |  | REGISTRAR'S SIGNATURE<br><u>Caroline Hutchings</u>  |   |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Hope</u> |   | ADDRESS<br><u>Hope Funeral Home, Excelsior Springs, Mo.</u> |   |         |  |

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

JUN 8 REC'D  
RECEIVED  
District Health Officer No. \_\_\_\_\_  
District File Number \_\_\_\_\_  
Date Filed 6-9-49

JUN 16 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.

Student .....  
Student Embalmer

Signed Gas A. Moles  
Licensed Embalmer No. 3296

P. O. Address Ex Springs 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.