

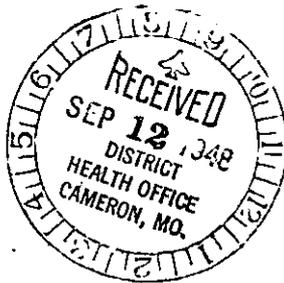
FILED SEP 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27553**
Registrar's No. **210**

BIRTH NO.		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 5852		Registrar's No. 210	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Nodaway		b. CITY (If outside corporate limits, write RURAL and give township) Ravenwood - rural		a. STATE Missouri		b. COUNTY Nodaway	
c. LENGTH OF STAY (in this place) 4 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Ravenwood - Jackson Twp.		d. STREET ADDRESS (If rural, give location) 3 miles west			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 miles west				d. STREET ADDRESS (If rural, give location) 3 miles west			
3. NAME OF DECEASED (Type or Print)		a. (First) CLINTON		b. (Middle) MARTIN		c. (Last) MC DOWELL	
4. DATE OF DEATH		(Month) 8		(Day) 31		(Year) 49	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 11/19/58	
9. AGE (In years last birthday) 90		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - retired		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Carthage, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Albert McDowell		13b. MOTHER'S MAIDEN NAME Sarah Steele		14. NAME OF HUSBAND OR WIFE Mary Spurgin McDowell, c			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Virgil Holmes Maryville			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		II. OTHER SIGNIFICANT CONDITIONS				4201	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b)					
		DUE TO (c)					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8-29-49 , to Aug. 31, 1949 , that I last saw the deceased alive on 8-30-49 , and that death occurred at 8 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE P. J. Ganten		(Degree or title) D.O.		23b. ADDRESS Maryville Mo.		23c. DATE SIGNED 9-2-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/3/49		24c. NAME OF CEMETERY OR CREMATORY Oak Hill		24d. LOCATION (City, town, or county) (State) Maryville, Missouri.	
DATE REC'D BY LOCAL REG. 9-9-49		REGISTRAR'S SIGNATURE Bess Holt		25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home ADDRESS Maryville, Mo.			

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 _____

ROBERT L. SOUTER

Student Embalmer No. 309

working under my personal supervision.

Student

Robert L. Souter

Student Embalmer

Signed

Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Mayville 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.