

FILED OCT 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32677

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 4482 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <del>MEMPHIS</del> SCOTLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SCOTLAND	
b. CITY OR TOWN MEMPHIS		c. CITY OR TOWN MEMPHIS	
c. LENGTH OF STAY (in this place) 55 YRS		d. STREET ADDRESS _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL b. (Middle) WILLIAM c. (Last) DOWDALL			4. DATE OF DEATH (Month) (Day) (Year) 8 28 49		
5. SEX MALE	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOWED	8. DATE OF BIRTH APRIL 15 1859	9. AGE (In years last birthday) 90	10. IF UNDER 1 YEAR Months 4 Days 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER (RETIRED)		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) VIRGINIA ILL	
12. CITIZEN OF WHAT COUNTRY? US					

13a. FATHER'S NAME W <sup>m</sup> DOWDALL		13b. MOTHER'S MAIDEN NAME JENNIE HAYERON		14. NAME OF HUSBAND OR WIFE ANNA DOWDALL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>W. Dowdall</i> MEMPHIS, MO	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Myocarditis</i>		INTERVAL BETWEEN ONSET AND DEATH  49 2 2
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____	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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 8/21, 1949, to 8/28, 1949, that I last saw the deceased alive on 8/27, 1949, and that death occurred at 3 A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Lawrence E. Lowe</i> (Degree or title) DOCTOR		23b. ADDRESS <i>Memphis Mo</i>		23c. DATE SIGNED 9/14/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8/31/49	24c. NAME OF CEMETERY OR CREMATORY MEMPHIS	24d. LOCATION (City, town, or county) (State) MEMPHIS MO		
DATE REC'D BY LOCAL REG. 9/15/49	REGISTRAR'S SIGNATURE <i>T. Balar</i>	407	25. FUNERAL DIRECTOR'S SIGNATURE <i>W. Payne &amp; Sons</i>		ADDRESS <i>Memphis Mo</i>

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 1 1949  
District Health Officer No. 10  
District File Number 10-49-16  
Date Filed OCT 1 1949

OCT 31 1950

**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 Neal Payne

Signed.....  
Student Embalmer

Licensed Embalmer No. 2550

P. O. Address Memphis, 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.