

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4099**
Registrar's No. **3**

BIRTH NO. _____ REG. DIST. NO. **49** PRIMARY REG. DIST. NO. **5-175**

1. PLACE OF DEATH a. COUNTY Camden		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Camden	
b. CITY OR TOWN Rural, Russell Twp.		c. CITY OR TOWN Rural Russell Twp.	
c. LENGTH OF STAY (in this place) 7 yrs		d. STREET ADDRESS (If rural, give location) Near Branch Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home near Branch Mo		d. STREET ADDRESS (If rural, give location) Near Branch Mo	
3. NAME OF DECEASED a. (First) William Dupont b. (Middle) Dowell c. (Last) Dowell			4. DATE OF DEATH (Month) (Day) (Year) Feb 25 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) never married	8. DATE OF BIRTH Oct 5 - 1880
9. AGE (In years) 69 # UNDER 1 YEAR 4 # UNDER 1 MRS. Hours Mins. 20		11. BIRTHPLACE (State or foreign country) Philadelphia, Penn.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		14. NAME OF HUSBAND OR WIFE none	
13a. FATHER'S NAME John Dowell		13b. MOTHER'S MAIDEN NAME Hannah E. Midland	
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. no	
17. INFORMANT'S SIGNATURE OR NAME Faye Allen		ADDRESS Branch 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Had no attending physician ANTECEDENT CAUSES Had influenza and evidently morbid conditions, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) acid from heart failure DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 48 hr	
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) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at 6 A m., from the causes and on the date stated above.			
23a. SIGNATURE G. J. Myers M.D. Local Registrar (Degree or title)		23b. ADDRESS Wacker Creek Mo	
23c. DATE SIGNED 2-25-50			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 2-26-50	
24c. NAME OF CEMETERY OR CREMATORY Hopewell Cem.		24d. LOCATION (City, town, or county) (State) Dallas Co Mo	
DATE REC'D BY LOCAL REG. 2-25-50		REGISTRAR'S SIGNATURE G. J. Myers M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Vaughan - Bean		ADDRESS Union Mo	

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

150
1

RECEIVED

District Health Officer No. 7,

District File Number 3-50-214

Date Filed 3-14-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Allen W. Vaughan

Licensed Embalmer No. 4656

P. O. Address Urbana, Ill.

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.