

FILED MAY 5 1950

STANDARD CERTIFICATE OF DEATH

State File No. _____

0.300
0.48

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

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3057 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u> <u>0283</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>711 W. Reed</u>		d. STREET ADDRESS (If rural, give location) <u>711 W. Reed</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wena</u> b. (Middle) <u>R.</u> c. (Last) <u>Dowdy</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 25</u> <u>1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 26</u> <u>1888</u>
9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>29</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ohio</u>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Emmett Conley</u>	
13b. MOTHER'S MAIDEN NAME <u>Nettie O'Hann</u>		14. NAME OF HUSBAND OR WIFE <u>Mr James T. Dowdy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	
17. INFORMANT'S SIGNATURE OR NAME <u>James T. Dowdy</u>		ADDRESS <u>Moberly</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ch Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ch Interst. Nephritis</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerosis</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> <u>3 yr.</u> <u>3 yr.</u> <u>4 1/2 X</u>		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION		19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20. SIGNATURE <u>I. E. Griffiths</u> (Degree or title) <u>MD</u>		20. ADDRESS <u>Moberly Mo</u>	
20. DATE SIGNED <u>4.26.50</u>		20. DATE SIGNED	
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) (Minute)	
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 <u>June 13, 1947</u> to <u>4.25, 1950</u> , that I last saw the deceased alive on <u>4-25, 1950</u> , and that death occurred at <u>12:01 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE		23b. ADDRESS	
23c. DATE SIGNED		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
24a. <u>Burial</u> <u>10</u> <u>Apr 27</u> <u>1950</u>		24b. <u>Oakland</u> <u>Moberly Mo</u>	
24c. <u>264</u>		24d. <u>Mohaw and Low</u> <u>Moberly</u>	
DATE REC'D BY LOCAL REG. <u>4-27-50</u>		REGISTRAR'S SIGNATURE <u>Leah Beecham</u>	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
25. <u>Mohaw and Low</u>		25. <u>Moberly</u>	

MAY 1 1950

RECEIVED

District Health Officer No. 1

District File Number.....

Date Filed

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.....

Frank D. De Witt

Signed.....
Student Embalmer

Licensed Embalmer No. *3021*

P. O. Address.....

Moberly, 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.