

FILED NOV 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36291

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>2007</u>		Registrar's No. <u>435</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u>			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Hoplar Bluff</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neelyville</u>		0120	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctors</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Steven</u>	b. (Middle) <u>Maxwell</u>	c. (Last) <u>Dowdy</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 16/50</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>Feb. 18, 1872</u>	
9. AGE (In years last birthday) <u>78</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>		11. BIRTHPLACE (State or foreign country) <u>Union Co. Tenn.</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Thomas W. Dowdy</u>		13b. MOTHER'S MAIDEN NAME <u>Lottie Ann Moore</u>		14. NAME OF HUSBAND OR WIFE <u>Esebell Turnbolt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Thomas Dowdy Neelyville</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation (Cerebral Hemorrhage)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Cardiac failure</u> DUE TO (c) <u>Diabetes - Hypertensive</u> 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 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 <u>8-10-50</u> , 19 <u>50</u> , to <u>8-16-</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>8-16-</u> , 19 <u>50</u> , and that death occurred at <u>9:15 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. Markel Sr.</u> (Degree or title)				23b. ADDRESS <u>Hoplar Bluff Mo.</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 19/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lutes Ceme.</u>		24d. LOCATION (City, town, or county) (State) <u>Neelyville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 9, 1950</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> <u>428</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gish Funeral Home Naylor, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NOV 15 1964
BUTLER CO. HEALTH CENTER
FILE No. 1150-462

NOV 15 1964

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

Suzan McCord

Licensed Embalmer No. 4079

P. O. Address *Waynes, 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.