

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 24 1950

State File No. 32755

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 391

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal R.F.D. #4</u>	c. LENGTH OF STAY (in this place) <u>4 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u> <u>0644</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Masonic Home</u>		d. STREET ADDRESS (If rural, give location) <u>1228 Center St</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cyrus</u> b. (Middle) <u>R.</u> c. (Last) <u>McDowell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11-16-50</u>
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5. SEX <u>Male</u> COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>	8. DATE OF BIRTH <u>Feb. 4 - 1852</u>	9. AGE (In years last birthday) <u>98</u> IF UNDER 1 YEAR Months <u>9</u> Days <u>12</u> IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Bowling Green, Kentucky</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>no record</u>	13b. MOTHER'S MAIDEN NAME <u>no record</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Mc Dowell</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Alva Mc Daniel, Masonic Home</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		2341A	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) <u>Hannibal Marion Mo</u>
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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?
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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 12 Noon m., from the causes and on the date stated above.

23a. SIGNATURE (Deputy or Item) <u>H. O. M. Nelson</u>	23b. ADDRESS <u>Hannibal Mo</u>	23c. DATE SIGNED <u>11/17/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11-18-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Independence Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Independence Mo</u>
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DATE REC'D BY LOCAL REG. <u>11-18-50</u>	REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke By W. C. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo E Roberts Hannibal Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 20 1950  
HEALTH DEPT.  
DATE FILED NOV 22 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.

Student \_\_\_\_\_  
Student Embalmer

Signed *Geo. E. Roberts*

Licensed Embalmer No. *2113*

P. O. Address *Hannibal 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.

*Incl*