

FILED JAN 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2060

804

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

BIRTH NO. <u>3207-51</u>		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia Mo</u>		<u>0804</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1420 So. Vermont</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Josiah</u>		b. (Middle) <u>Michael</u>		c. (Last) <u>Dowdy</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 14 51</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>1/13/51.</u>	
9. AGE (In years last birthday) <u>0</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u>		IF UNDER 12 HRS. Hours <u>1</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>*****</u>		11. BIRTHPLACE (State or foreign country) <u>Sedalia, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Gerald A. Dowdy</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Ann Wade</u>			14. NAME OF HUSBAND OR WIFE <u>Never Married</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>Gerald A. Dowdy, 1420 So. Vermont</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>Asphyxia Neonatorum</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u> DUE TO (c) <u>Immaturity</u> <u>30 weeks gestation</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>7625</u>					INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>
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) m.		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>1-13</u> , 19 <u>51</u> , to <u>1-14</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1-14</u> , 19 <u>51</u> , and that death occurred at <u>7:30 p.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. M. Rodeman, M.D.</u>				23b. ADDRESS <u>Sedalia Missouri</u>		23c. DATE SIGNED <u>1-15-51.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/16/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>		
DATE REC'D BY LOCAL REG. <u>1-16-1951</u>		REGISTRAR'S SIGNATURE <u>R. G. Campbell, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. W. Heckart</u>		ADDRESS <u>Sedalia, Mo.</u>	

**RECEIVED** 1.22.51

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 1.22.51

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**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.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed *Regan F. Fuller*

Licensed Embalmer No. *4818*

P. O. Address *Salida, 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.