

FILED APR 23 1951 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

Dr. Turner 12230
State File No. _____

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 344

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield, Rural, S. Campbell Twp	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John Hosp.		d. STREET ADDRESS (If rural, give location) 1440 Whiteside 0390	
3. NAME OF DECEASED (Type or Print) a. (First) Benjamin b. (Middle) Dowell c. (Last) Dowell		4. DATE OF DEATH (Month) (Day) (Year) April 18, 1951	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH July 29 1869
9. AGE (In years last birthday) 81		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Merchant	
11. BIRTHPLACE (State or foreign country) Halfway, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Hames G. Dowell		13b. MOTHER'S MAIDEN NAME Ellen Gordan	
14. NAME OF HUSBAND OR WIFE Ona Dowell		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ona Dowell Springfield, Mo. ADDRESS Springfield, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH years	
ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
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 checked="" type="checkbox"/>		4200	
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 4-22-1950 to 4-17 , 19 51 , that I last saw the deceased alive on 4-17 , 19 51 , and that death occurred at 4:40a.m. from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Homer C. Marshall, M.D.		23b. ADDRESS Prof Bldg. Springfield	
23c. DATE SIGNED 4-18-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/21/51	
24c. NAME OF CEMETERY OR CREMATORY New Bethel Cemetery		24d. LOCATION (City, town, or county) (State) Near Pleasant Hope, Mo.	
DATE REC'D BY LOCAL REG. 4-19-51		REGISTRAR'S SIGNATURE W.E. Haudley 111	
25. FUNERAL DIRECTOR'S SIGNATURE H.H. Lohmeyer		ADDRESS Springfield, Mo.	

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

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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.

Student Embalmer No. _____

Signed Gene Schneider

Signed _____
Student Embalmer

Licensed Embalmer No. 4734

P. O. Address Springfield, 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.