

No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24077

State File No.

FILED AUG 15 1951

BIRTH NO. ~~2225~~ REG. DIST. NO. ~~227~~ PRIMARY REG. DIST. NO. ~~6001~~ Registrar's No.

1. PLACE OF DEATH a. COUNTY RALL'S		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri ; b. COUNTY RALL'S	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Saline Township	c. LENGTH OF STAY (In this place) 17 MONTHS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural SALINE TOWNSHIP.	
d. FULL NAME OF HOSPITAL OR INSTITUTION MONROE CITY RR 2ⁿ		d. STREET ADDRESS (If rural, give location) MONROE CITY RR 2.	

3. NAME OF DECEASED (Type or Print) James THOMAS DOWELL	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) AUGUST 2ⁿ 1951
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5. SEX male	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH FEBRUARY 17th 1950	9. AGE (In years last birthday) 1 MONTHS 5 DAYS 16 HOURS 16 MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Never Worked.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Monroe City Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME ALFRED LEE DOWELL	13b. MOTHER'S MAIDEN NAME ELIZABETH Finney	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO. (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Alfred L. Dowell, Monroe City Mo.	ADDRESS
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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, asphyxia, 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) Skull fracture.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Accidentally hit by DUE TO (c) truck.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		88300 25	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Ralls, Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug-2-1951 4:45 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **no medical attention**, that I last saw the deceased alive on _____, 19____, and that death occurred at **4:00 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Clyde Wilkey Coroner	23b. ADDRESS Perry, Mo. Ralls Co.	23c. DATE SIGNED 8/2/51.
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-4-1951	24c. NAME OF CEMETERY OR CREMATORY St. Jude Cemetery	24d. LOCATION (City, town, or county) (State) Monroe City Missouri
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DATE REC'D BY LOCAL REG. 8/4/51	REGISTRAR'S SIGNATURE Clyde Wilkey	25. FUNERAL DIRECTOR'S SIGNATURE Wilson & Son's	ADDRESS Monroe City Mo.
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Date Received: AUG 14 1951
DISTRICT HEALTH OFFICE #2
District File Number 8-57-1456
Date Filed: AUG 14 1951

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 Me

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working under my personal supervision.

Student Embalmer No.

Signed Leslie L. Kelly

Signed.....
Student Embalmer

Licensed Embalmer No. 3014

P. O. Address Memor City, 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.