

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34500

State File No. ....

FILED NOV 14 1951

BIRTH NO. _____		REG. DIST. NO. <u>251</u>		PRIMARY REG. DIST. NO. <u>4370</u>		Registrar's No. <u>241</u>			
1. PLACE OF DEATH a. COUNTY <u>NO DAWAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Page</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLEARMONT</u>		c. LENGTH OF STAY (In this place) <u>7 M. 5 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>College Springs</u> <u>814.5</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WALLIN Nursing Home</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>Newton</u>		c. (Last) <u>Dow</u>		4. DATE OF DEATH (Month) <u>October</u> (Day) <u>12</u> (Year) <u>1951</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>July-4-1866</u>			
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 14 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telephone Manager telephone Co</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Alexis Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>William C. Dow</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda M. Lafferty</u>		14. NAME OF HUSBAND OR WIFE <u>unknown</u>					
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 <u>Walter E. Dow</u>		ADDRESS <u>College Springs Ia</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, asthenia, 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>Toxemia due to acute arterial femoral occlusion of Rt. fem. artery</u>				ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>With gangrene</u>				<u>4 days</u>	
				DUE TO (c) <u>diabetes mellitus</u>				<u>?</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>Sonality -</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4-54X</u>			
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 <u>10-12</u> , 19 <u>51</u> , to _____, 19____, that I last saw the deceased alive on <u>Oct 12</u> , 1951, and that death occurred at <u>4:AM</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Marrion L. Ford</u>				23b. ADDRESS <u>Elmo - Mo</u>		23c. DATE SIGNED <u>10-29-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-13-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>College Springs cem.</u>		24d. LOCATION (City, town, or county) (State) <u>College Springs - Ia</u>			
DATE REC'D BY LOCAL REG. <u>11-3-51</u>		REGISTRAR'S SIGNATURE <u>Wesley Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. M. Stevenson</u>		ADDRESS <u>College Springs - Ia</u>			

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



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..... *L M Stevenson*.....

Licensed Embalmer No. *1727*.....

P. O. Address *College Springs Iowa*.....

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.