

11724

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300 FILED APR 4 1952
10.48

BIRTH NO.		REG. DIST. NO. <u>340</u>		PRIMARY REG. DIST. NO. <u>6150</u>		Registrar's No. <u>18</u>		
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>				
b. CITY OR TOWN <u>Essex, R. 1. Elk Twp.</u>		c. LENGTH OF STAY <u>50</u> (Specify)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Essex, Mo. R. 1. Elk Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>1030</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION								
3. NAME OF DECEASED (Type or Print) a. (First) <u>John Wesley</u>			b. (Middle)		c. (Last) <u>Dowdy.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 18. 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 23, 1876</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Dexter, Mo. R. 1.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>Robr. A. Dowdy.</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Hall.</u>		14. NAME OF HUSBAND OR WIFE <u>Florence, Dowdy Deceas</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>NO.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Earl Dowdy, Essex, Mo. R. 1</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>Cortic Regurgitation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nephritis -</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>593X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Essex, Mo.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>March 18, 1952</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> (NOT WHILE AT WORK) <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Heart</u>				
22. I hereby certify that I attended the deceased from <u>March, 1951</u> , to <u>March 18, 1952</u> , that I last saw the deceased alive on <u>March 1, 1952</u> , and that death occurred at <u>6.6</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>J. J. Hine M.D.</u> (Degree or title)				23b. ADDRESS <u>Essex, Mo.</u>		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3. 20. 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dexter Cemtery</u>		24d. LOCATION (City, town, or county) (State) <u>Dexter, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3/27/52</u>		REGISTRAR'S SIGNATURE <u>Wm. V. Jenkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Watkins Funeral Service, Dexter, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.....

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed.....

Walter Marsh Waters

Licensed Embalmer No.

4712

P. O. Address.....

Dexter, 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.