

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12035**

MAY 5 - 1952

BIRTH NO. 19867 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 441

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 15 min	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
		d. STREET ADDRESS (If rural, give location) 2120 Walnut St.	

3. NAME OF DECEASED (Type or Print) a. (First) MARCELLA b. (Middle) MARY c. (Last) DOWELL			4. DATE OF DEATH (Month) (Day) (Year) March 25, 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	
8. DATE OF BIRTH Mar 25, 1952		9. AGE (In years last birthday)		10. IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE (State or foreign country) St. Joseph, Mo		12. CITIZEN OF WHAT COUNTRY? USA		13. IF UNDER 14 Hrs. Hours Mins. 15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) St. Joseph, Mo	
12. CITIZEN OF WHAT COUNTRY? USA		13. IF UNDER 14 Hrs. Hours Mins. 15		14. NAME OF HUSBAND OR WIFE None	

13a. FATHER'S NAME Dudley E. Dowell		13b. MOTHER'S MAIDEN NAME Marcella O'Konski		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dudley E. Dowell, St. Joseph, Mo.	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anencephalic monster ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH	
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 750X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 3-25, 1952, to 3-25, 1952, that I last saw the deceased alive on 3-25, 1952, and that death occurred at 7:40 P.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) Doctor P.D.G.		23b. ADDRESS 1802 Union St.		23c. DATE SIGNED 4-25-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-26-52		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet	
		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.			

DATE REC'D BY LOCAL REG. April 28, 1952		REGISTRAR'S SIGNATURE Carl C. Casst 44-1		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sherman J. Sidenfaden 1802 Union St.	
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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
Student Embalmer

Signed

Student Embalmer No. _____
Robert H. Yaple
Licensed Embalmer No. 3308
P. O. Address St. Joseph, Me

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.