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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 28 1952

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 69

1. PLACE OF DEATH
a. COUNTY Pike 08210
b. CITY OR TOWN Romana
c. LENGTH OF STAY (in this place) 24 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Pike 08210
c. CITY OR TOWN Curryville
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED
a. (First) LEONARD
b. (Middle) _____
c. (Last) DOWELL

4. DATE OF DEATH (Month) (Day) (Year)
June 28 1952

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Nov. 19 1924
9. AGE (In years last birthday) 27
if under 1 year: Months _____ Days _____
if under 12 hrs: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Laborer

11. BIRTHPLACE (State or foreign country) Pike Co Mo

12. CITIZEN OF WHAT COUNTRY Mo

13a. FATHER'S NAME Leonard Dowell

13b. MOTHER'S MAIDEN NAME Greta Eddleman

14. NAME OF HUSBAND OR WIFE Urban Dowell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. yes

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Leonard Dowell

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Trauma to heart
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.
DUE TO (b) Ribbs broken on left side
DUE TO (c) auto accident
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 June 28 52

19b. MAJOR FINDINGS OF OPERATION Ruptured spleen - broken ribbs - torn diaphragm

20. AUTOPSY? YES NO

21a. ACCIDENT SURVIVE? accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 54

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 082 Pike Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 27 - 1952 8 A.M.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? automobile accident

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased deceased on June 27, 1952, and that death occurred at 9:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. B. Mould Coroner 3

23b. ADDRESS Bowling Green Mo

23c. DATE SIGNED June 30 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 12 1952

24c. NAME OF CEMETERY OR CREMATORY Hayes Creek

24d. LOCATION (City, town, or county) (State) Pike Co Mo

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE July 16, 1952

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Callie Grace Bankhead Bowling Green Mo

WRITE PLAINLY—USING UNFAADING 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 Harold C. Kline

Signed.....
Student Embalmer

Licensed Embalmer No. 4597

P. O. Address Bowling Green

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.