

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27623

FILED AUG 25 1952

BIRTH NO. _____		REG. DIST. NO. 104		PRIMARY REG. DIST. NO. 4176		Registrar's No. 31	
1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dunklin			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malden		c. LENGTH OF STAY (In this place) 64 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malden		0361	
d. FULL NAME OF HOSPITAL OR INSTITUTION 208 S. Douglass				d. STREET ADDRESS (If rural, give location) 208 S. Douglass 0			
3. NAME OF DECEASED (Type or Print) JAMES		a. (First) THOMAS		c. (Last) DOWDY		4. DATE OF DEATH (Month) (Day) (Year) MAY 28 1952	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 9, 1887	
9. AGE (In years last birthday) 65		10. MONTHS 4		11. BIRTHPLACE (State or foreign country) Tennessee		12. COUNTRY OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Tennessee		12. COUNTRY OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joe Dowdy		13b. MOTHER'S MAIDEN NAME Martha Taylor		14. NAME OF HUSBAND OR WIFE Fannie Dowdy			
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fannie Dowdy, 208 S. Douglas, Malden			
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) Cancer in mouth Left Cheek ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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 1 yr	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 144X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Minute)		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 May 2, 1931, to May 28, 1952, that I last saw the deceased alive on May 28, 1952, and that death occurred at 10:35 PM from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. S. Schuman				23b. ADDRESS Malden		23c. DATE SIGNED Jan 1/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 1, 1952		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) Malden, Missouri	
DATE REC'D BY LOCAL REG. 7/30/52		REGISTRAR'S SIGNATURE J. S. Schuman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Landess Funeral Home, Campbell, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 8-13-52
COUNTY FILE NUMBER 852-212

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 Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.