

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33835

State File No.

11 1952
REG 105379

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2546

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

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY ST LOUIS | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILLINOIS b. COUNTY JERSEY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JERSEYVILLE | |
| c. LENGTH OF STAY (In this place) 2 DAYS | | d. STREET ADDRESS (If rural, give location) 409 N. LAFAYETTE | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) BYRON | | b. (Middle) L. | |
| | | c. (Last) MC DOW | |
| 4. DATE OF DEATH (Month) (Day) (Year) 10-2-52 | | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH 9-26-86 |
| 9. AGE (In years last birthday) 66 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POSTMASTER | 11. BIRTHPLACE (City and State or Foreign Country) DOW, ILLINOIS |
| | | 10b. KIND OF BUSINESS OR INDUSTRY U S GOVERNMENT | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME JOHN H. MC DOW | | 13b. MOTHER'S MAIDEN NAME MEDORA BURLEY | 14. NAME OF HUSBAND OR WIFE MARGUERITE MC DOW |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I | | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF. BRKS., 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF THE PROSTATE WITH METASTASES TO LIVER ANTECEDENT CAUSES Morbidity 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. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION. | |
| 19c. INTERVAL BETWEEN ONSET AND DEATH 2 years | | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| 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) VA | 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 9-30-52 to 10-2-52 , 19____, and that death occurred at 6:55 A m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) James F. Ross, M.D. | | 23b. ADDRESS VAH JEFFERSON BARRACKS, MO. | 23c. DATE SIGNED 10-2-52 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 10-2-52 | 24c. NAME OF CEMETERY OR CREMATORY OAK GROVE | 24d. LOCATION (City, town, or county) (State) JERSEYVILLE, ILLINOIS |
| 25. DATE REC'D BY LOCAL REG. 2 Oct 52 | REGISTRAR'S SIGNATURE Norbert M. ... | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd | |

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 Robert M Murray

Licensed Embalmer No. 3749

P. O. Address St Louis 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.