

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

DR. MADDUX 42009  
 State File No. ....

FILED DEC 29 1952

1143

BIRTH NO. ....		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY <b>GREENE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b> c. CITY (If outside corporate limits, write RURAL and give township) <b>HOWELL</b>			
b. CITY OR TOWN <b>SPRINGFIELD</b>		c. LENGTH OF STAY (In this place) <b>4 DAYS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>WEST PLAINS</b>		0461	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOHN HOSP.</b>				d. STREET ADDRESS (If rural, give location) <b>1022 W. BROADWAY</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>HAROLD</b>			b. (Middle) <b>DOWLER</b>		c. (Last) <b>DOWLER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 20, 1952</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>APRIL 23, 1893</b>	9. AGE (In years last birthday) <b>59</b>	10. MONTHS <b>5</b>	11. DAYS <b>1</b>	12. HOURS <b>1</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BOOKKEEPER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>UNKNOWN</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>VINTON, IOWA</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>WALTER DOWLER</b>			13b. MOTHER'S MAIDEN NAME <b>ELLA IMLER</b>		14. NAME OF HUSBAND OR WIFE <b>X</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>		16. SOCIAL SECURITY NO. <b>W.W. # I ?</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. ETHEL JENNINGS</b> ADDRESS <b>WEST PLAINS</b>			
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) <b>Gastro-intestinal Hemorrhage</b>			INTERVAL (BETWEEN ONSET AND DEATH) <b>3 WKS.</b>
				DUPLICATE CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hepatic Gyxhosas</b>			<b>6 Mo?</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				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)		<b>5810</b>	
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 <u>Dec 15</u> , 19 <u>52</u> , to <u>Dec 20</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Dec 19</u> , 19 <u>52</u> , and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <b>S.P. Maddux</b>			(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Springfield, Mo.</b>		23c. DATE SIGNED <b>12-21-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>23-Dec-52</b>	24c. NAME OF CEMETERY OR CREMATOR <b>EVERGREEN</b>		24d. LOCATION (City, town, or county) (State) <b>WEST PLAINS, MO.</b>		
DATE REC'D BY LOCAL REG. <b>12-23-52</b>		REGISTRAR'S SIGNATURE <b>Edith Williamson Registrar</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>H.H. LOHMEYER</b> ADDRESS <b>SPRINGFIELD, MO.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

1953  
JAN 1 11 1953

**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 E. Hamilton*

Licensed Embalmer No. *3808*

P. O. Address *Springfield, 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.