

0582

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

BIRTH NO. _____		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>2038</u>		Registrar's No. <u>266</u>					
1. PLACE OF DEATH a. COUNTY <u>LINN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u>				b. COUNTY <u>LINN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BROOKFIELD</u>			c. LENGTH OF STAY (In this place) <u>10 YRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BROOKFIELD</u>			<u>0582</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>224 E. WOOD ST.</u>				d. STREET ADDRESS (If rural, give location) <u>224 E. WOOD ST.</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MARY</u>		b. (Middle) <u>SUSAN</u>		c. (Last) <u>DOWELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 20, 1953</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>DEC. 30, 1873</u>		9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>			11. BIRTHPLACE (State or foreign country) <u>CHARITON Co. Mo. O</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>THOMAS HART</u>			13b. MOTHER'S MAIDEN NAME <u>SIRILOA</u>			14. NAME OF HUSBAND OR WIFE <u>LORENZO B. DOWELL</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. FAYE SWANIK, BROOKFIELD, MO</u>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Congestive failure</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary occlusion</u> DUE TO (c) <u>Generalized arteriosclerosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>42011</u>									
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)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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. 19</u> , 19 <u>52</u> , to <u>Feb 20</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Feb 20</u> , 19 <u>53</u> and that death occurred at <u>9:40 pm.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Kepha. Robinson M.D.</u>					23b. ADDRESS <u>811 Linn District Mo</u>			23c. DATE SIGNED <u>2-21-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB. 22, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LACLEDE</u>			24d. LOCATION (City, town, or county) (State) <u>LACLEDE, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>2-24-53</u>		REGISTRAR'S SIGNATURE <u>Nadine Stambach, dep.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>WRIGHT FUNERAL HOME, BROOKFIELD, MO</u>			ADDRESS			

APR 7 1957

JAN 25 1957

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 _____

Harold B. Wright

Licensed Embalmer No. 3798

P. O. Address Brookfield, 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.