S. No. 300
v. 10-48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7490

BIRTH NO. FILED MAR 11 1953 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1961

1. PLACE OF DEATH
a. COUNTY ~~St. Louis~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
c. LENGTH OF STAY (in this place) 5 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. LOUIS CHILDREN'S Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE INDIANA
b. COUNTY Vermillion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) UNIVERSAL 8130
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)
a. (First) James
b. (Middle) Hobart
c. (Last) Dowdy

4. DATE OF DEATH (Month) (Day) (Year) 2 - 18 - 53

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH MAY 22, 1952
9. AGE (In years last birthday) — IF UNDER 1 YEAR Months 8 Days 27 IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE
10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (State or foreign country) Terre Haute Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Chester John Dowdy
13b. MOTHER'S MAIDEN NAME MARY FITZSIMMONS
14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Chester Dowdy, Universal, Ind. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute laryngo-trachea-bronchitis — INTERVAL BETWEEN ONSET AND DEATH

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ 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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 500X

22. *I hereby certify that I attended the deceased from* 2-13, 1953, *to* 2-18, 1953, *that I last saw the deceased alive on* 2-18, 1953, *and that death occurred at* 7 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature]
23b. ADDRESS 500 S. Kinghighway - St. Louis Mo
23c. DATE SIGNED 2-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 2-19-53
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Clinton, Ind.

DATE REC'D BY LOCAL REG. FEB 19 1953
REGISTRAR'S SIGNATURE J Earl Smith MD MJB
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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~~ Me

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed M W Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis M

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.