

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 28 1953

BIRTH NO. _____		REG. DIST. NO. <u>86</u>		PRIMARY REG. DIST. NO. <u>449</u>		Registrar's No. <u>91953</u>			
1. PLACE OF DEATH a. COUNTY <u>Crawford</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cuba</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cuba</u>		OR TOWN <u>0280</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>0.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maurice</u>			b. (Middle) <u>J.</u>			c. (Last) <u>Dowley -</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>3 - 20 - 1953</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>June 16 - 1895</u>	
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>9</u>		IF UNDER 4 HRS. Days <u>4</u>		IF UNDER 4 MINS. Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Poultry and Egg Dealer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>			11. BIRTHPLACE (State or foreign country) <u>Cuba Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Maurice J. Dowley</u>			13b. MOTHER'S MAIDEN NAME <u>Ellen Mullen</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nora J. Wells</u>			ADDRESS <u>Cuba, Mo.</u>		
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) <u>Cornary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> 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	
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>Jan 7, 1953</u> to <u>Mar 20, 1953</u> that I last saw the deceased alive on <u>March 20, 1953</u> , and that death occurred at <u>7:30 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>H. G. G. Ferguson</u> (Degree or title)				23b. ADDRESS <u>Cuba, Mo.</u>		23c. DATE SIGNED <u>III-21-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Bury 101</u>		24b. DATE <u>March-23-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Holy Cross Cemetery</u>		24d. LOCATION (City, town, or county) <u>Cuba</u> (State) <u>Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3-23-1953</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman Q. Hansen</u>		ADDRESS <u>Cuba, Mo.</u>			

(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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Norman D. Hoener*.....

Licensed Embalmer No. *4673*.....

P. O. Address *Alto, Missoula*.....

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.