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APR 6 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10683

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5799 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Monroe</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Madison (R.R.)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Madison (R.R.) - Monroe</u>	
c. LENGTH OF STAY (In this place) <u>2 1/2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0690</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Andrew</u> b. (Middle) <u>Jackson</u> c. (Last) <u>Dowdy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-29-1953</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>11/23/1860</u>	9. AGE (In years last birthday) <u>93</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Madison Mo (R.R.)</u>		12. COUNTRY OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Joseph W Dowdy</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah Ann Heathman</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>Carl Dowdy</u>		
				ADDRESS <u>Madison</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy with Hemiplegia (left)</u>		DUE TO (b) _____			<u>8 days</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>334X</u>		

22. I hereby certify that I attended the deceased from 3-21-, 1953, to 3-29-, 1953, that I last saw the deceased alive on 3-28-, 1953, and that death occurred at 1:00 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>F.A. Barnett M.D.</u>		23b. ADDRESS <u>Paris, Mo.</u>		23c. DATE SIGNED <u>3-31-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3/31/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sumner Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Madison Mo</u>	
DATE RECD BY LOCAL REG. <u>4-1-53</u>		REGISTRAR'S SIGNATURE <u>Elvie Robertson</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Karl A. Thompson</u>		ADDRESS <u>Madison</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

Mr. Fred A. Kump

Licensed Embalmer No. 3282

P. O. Address Mason T.

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.