

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29173

State File No. ....

8.8

No. 300  
10-48

FILED SEP 10 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springton</u>	c. LENGTH OF STAY (In this place) <u>Week</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond</u> <u>0891</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>407 Galley</u> <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>P.</u> c. (Last) <u>Dowds</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 25, 1953</u>
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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>March 8, 1878</u>	9. AGE (In years last birthday) <u>75</u> Months <u>5</u> Days <u>17</u>	10. IF UNDER 1 YEAR Hours _____ Mins. _____	10. IF UNDER 1 YEAR Hours _____ Mins. _____
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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>Corn &amp; Soybean</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Flournoy Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>A. J. Dowds</u>	13b. MOTHER'S MAIDEN NAME <u>Suzanne Karline Elyse Dowds</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas Dowds</u>
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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>David M. Dowds</u>	17. ADDRESS <u>Richmond Missouri</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary artery occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 min.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Coronary arteriosclerosis</u>		
	DUE TO (c) <u>Heart prostration</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Heart prostration</u>		7/12/53	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4201F</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 Feb 15, 1949, to Aug. 25, 1953, that I last saw the deceased alive on Aug 24, 1953, and that death occurred at 5:26 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. Johnson M.D.</u>	23b. ADDRESS <u>Richmond, Mo.</u>	23c. DATE SIGNED <u>8/27/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 27, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Springdale</u>	24d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>8-30-53</u>	REGISTRAR'S SIGNATURE <u>Anna E. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert ...</u>	25. ADDRESS <u>Richmond, Missouri</u>
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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.....

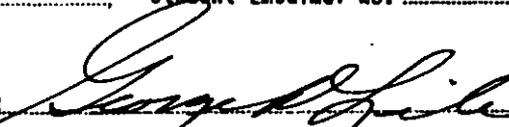
..... Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed



Licensed Embalmer No. 4066

P. O. Address Beltsville, Md

**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.