

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 18 1953

No. 300

10. 48

942
1

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 374

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flat River</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flat River</u>		0942 0
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <u>303 Crane</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mr. Roy</u> b. (Middle) <u>Sylvester</u> c. (Last) <u>M^{rs}. Dowell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 4 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White Cause</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-24-1890</u>	9. AGE (in years last birthday) <u>62-10-10</u>	10. MONTHS <u>10</u> 11. DAYS <u>10</u> 12. HOURS <u>10</u> 13. MIN. <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shift Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Joseph Lead Co</u>	11. BIRTHPLACE (State or foreign country) <u>Cross Roads, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Mr. Mark M^{rs} Dowell</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Gordon</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Holmes M^{rs} Dowell</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give year or date of service) <u>493-03-8850</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Oscar Simpson (daughter) Flat River, 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>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 days</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.					
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) <u>332 X</u>			
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?			
22. I hereby certify that I attended the deceased from <u>7.27</u> , 19 <u>53</u> , to <u>8.4</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>8-3-53</u> , 19 <u>53</u> , and that death occurred at <u>8:30 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>C. H. Appleyard M.D.</u>			23b. ADDRESS <u>Flat River Mo</u>		23c. DATE SIGNED <u>8-5-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/6/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Memorial Bk</u>	24d. LOCATION (City, town, or county) (State) <u>Rome, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Aug 5, 1953</u>	REGISTRAR'S SIGNATURE <u>Father Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvin W. Hood</u>	ADDRESS <u>303 Crane St. Flat River, Mo.</u>		

AUG 13 1950

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

Alvin W. Hood

Licensed Embalmer No. *2780*

P. O. Address *303 Crane St. Flat R*

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.