No. 300
10-48

Dr. Ridings
1858 Broadway

FILED NOV 9 - 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 35234

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 316

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH**
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (in this place): All life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 306 Third Street, Cape

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cape Girardeau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau 0164 0
d. STREET ADDRESS (If rural, give location): 306 Third Street

**3. NAME OF DECEASED** (Type or Print)
a. (First): Andrew
b. (Middle): Henry
c. (Last): Dowling

**4. DATE OF DEATH** (Month) (Day) (Year): October 31 1953

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married /
**8. DATE OF BIRTH**: Sept. 13, 1873
**9. AGE** (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Plumber
**10b. KIND OF BUSINESS OR INDUSTRY**: Plumbing
**11. BIRTHPLACE** (City and State or Foreign Country): Louisville, Kentucky /
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Unknown
**13b. MOTHER'S MAIDEN NAME**: Mary Dowling
**14. NAME OF HUSBAND OR WIFE**: Ada Dowling

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): No
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Mrs. Ada Dowling, Cape Girardeau Mo

**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) Carcinoma of Tongue — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

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.* Generalized arteriosclerosis 5 yr

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 141 X
**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?**

22. *I hereby certify that I attended the deceased from* 12-11, 1951, *to* Oct 31, 1953, *that I last saw the deceased alive on* Oct 31, 1953, *and that death occurred at* 9:00 P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Harold O Ridings 0 md
**23b. ADDRESS**: Cape Girardeau, Mo
**23c. DATE SIGNED**: 11-2-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Nov. 2, 1953
**24c. NAME OF CEMETERY OR CREMATORY**: St. Mary's Cemetery
**24d. LOCATION** (City, town, or county) (State): Cape Girardeau, Mo.

**DATE REC'D BY LOCAL REG.**: 11-3-53
**REGISTRAR'S SIGNATURE**: C. C. Summers 44-0
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: L L Haman Cape Girardeau Mo

(Licensed Embalmer's Statement on Reverse Side)

## 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 L. L. Hamman

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau, Mo.

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.