

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35274

State File No.

FILED NOV 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Carroll</u>	
b. CITY OR TOWN <u>Carrollton</u>	c. LENGTH OF STAY (in this place) <u>8 months</u>	c. CITY OR TOWN <u>Carrollton</u>	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>218 E. Shanklin</u>		e. STREET ADDRESS (If rural, give location) <u>218 E. Shanklin</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>A. FRED</u> b. (Middle) <u>B. M.</u> c. (Last) <u>DOW</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 4 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>Jan 22 1890</u>
9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Station Agent</u>	11. BIRTHPLACE (City and State; Foreign Country) <u>Pouquot Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Station Agent</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railway</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Joseph E. M. Dow</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Hickam</u>	14. NAME OF HUSBAND OR WIFE <u>Jessie M. Dow</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>710-01-3558</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. A. B. M. Dow</u> ADDRESS <u>Carrollton 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>Myocarditis</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arterio Sclerosis</u> 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 <u>443X</u>	
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>1950</u> , 19 <u>50</u> , to <u>Nov. 4</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Nov. 4</u> , 19 <u>53</u> , and that death occurred at <u>3:20 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Carl H. Reed M.D.</u>		23b. ADDRESS <u>Carrollton Mo.</u>	23c. DATE SIGNED <u>11-5-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-7-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo.</u>
DATE REC'D BY LOCAL REG. <u>11/7/53</u>	REGISTRAR'S SIGNATURE <u>Mrs. Herbert Carver</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Gibson</u> ADDRESS <u>Carrollton Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0171

NOV 18 1953

FEB 10 1954

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.....
Signature of Student Embalmer

Signed..... *Ben W. Gibson*

Licensed Embalmer No. *2961*

P. O. Address *Parrott*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.