

FILED NOV 19 1953

## STANDARD CERTIFICATE OF DEATH

State File No.

39020

5186

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| BIRTH NO.                                                                                                                                                                                                                                                                 |  | REG. DIST. NO. <u>149</u>                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                 | PRIMARY REG. DIST. NO. <u>1001</u>                                                                                                          |  | Registrar's No.                                                                                                                      |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |  |                                                                                                                                      |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Kansas City</u>                                                                                                                                                                     |  | c. LENGTH OF STAY (in this place)<br><u>70 YEARS</u>                                                                                                                                                                                                                                                                                                                                                                         |                                                                 | c. CITY OR TOWN <u>Kansas City</u>                                                                                                          |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 | e. STREET ADDRESS (If rural, give location) <u>3568</u><br><u>510 3637 College Avenue</u>                                                   |  |                                                                                                                                      |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Lora</u><br>b. (Middle) <u>Belle</u><br>c. (Last) <u>Dowden</u>                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                              | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>October 30 1953</u> |                                                                                                                                             |  |                                                                                                                                      |  |
| 5. SEX <u>Female</u>                                                                                                                                                                                                                                                      |  | 6. COLOR OR RACE <u>White</u>                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>WIDOWED</u>                                                                    |  | 8. DATE OF BIRTH<br><u>MAY 8 1874</u>                                                                                                |  |
| 9. AGE (In years last birthday) <u>79</u>                                                                                                                                                                                                                                 |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>OPERATOR WOMEN'S APPAREL SHOP</u>                                                                                                                                                                                                                                                                                           |                                                                 | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>MC CORMACK NEBRASKA</u>                                                                             |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Verden, Illinois</u>                                                        |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                                                                                                                                                                                                                             |  | 13a. FATHER'S NAME<br><u>JESSE ROBERTS</u>                                                                                                                                                                                                                                                                                                                                                                                   |                                                                 | 13b. MOTHER'S MAIDEN NAME<br><u>SARAH J NEAL</u>                                                                                            |  | 14. NAME OF HUSBAND OR WIFE<br><u>JOSEPH R. DOWDEN</u>                                                                               |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>                                                                                                                                                     |  | 16. SOCIAL SECURITY NO.<br><u>NONE</u>                                                                                                                                                                                                                                                                                                                                                                                       |                                                                 | 17. INFORMANT'S SIGNATURE OR NAME<br><u>MRS. BLANCHE BUTZ</u>                                                                               |  |                                                                                                                                      |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                                            |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |                                                                 |                                                                                                                                             |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 WK</u><br><br><u>4201</u>                                                                   |  |
| 19a. DATE OF OPERATION                                                                                                                                                                                                                                                    |  | 19b. MAJOR FINDINGS OF OPERATION                                                                                                                                                                                                                                                                                                                                                                                             |                                                                 |                                                                                                                                             |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input 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)                                                                                                                                                                                                                           |  | 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>10-24-53</u> , 19____, to <u>10-30-53</u> , 19____, that I last saw the deceased alive on <u>10-30-53</u> , 19____, and that death occurred at <u>6:35 P.m.</u> , from the causes and on the date stated above. |  |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 |                                                                                                                                             |  |                                                                                                                                      |  |
| 23a. SIGNATURE <u>Mark Dodge</u> (Degree or title) <u>MD</u>                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 | 23b. ADDRESS<br><u>4635 Wymouth Kc Mo</u>                                                                                                   |  | 23c. DATE SIGNED<br><u>11-2-53</u>                                                                                                   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>                                                                                                                                                                                                                |  | 24b. DATE<br><u>Nov. 2 1953</u>                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Mt. Washington Cemetery</u>                                                                        |  | 24d. LOCATION (City, town, or county) (State)<br><u>Kansas City Missouri</u>                                                         |  |
| DATE REC'D BY LOCAL REG.<br><u>11-2-53</u>                                                                                                                                                                                                                                |  | REGISTRAR'S SIGNATURE<br><u>Geraldine Smith</u>                                                                                                                                                                                                                                                                                                                                                                              |                                                                 | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>DW Newcomer Sons</u> ADDRESS<br><u>1831 BRUSH CROWN Kansas City Mo</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.....  
Signature of Student Embalmer

Signed *Ronald A. Boyer*.....

Licensed Embalmer No. *4522*.....

P. O. Address *K.C. 10, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.