

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39768**

FILED NOV 20 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **230** PRIMARY REG. DIST. NO. **5810** Registrar's No. **70**

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

1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Montg.</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural - Loutre - all her life</b>		c. LENGTH OF STAY (in this place) <b>all her life</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural - Loutre 0700</b>		d. STREET ADDRESS (If rural, give location) <b>Southern Montg. Co.</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Southern Montg. Co.</b>					

3. NAME OF DECEASED (Type or Print) <b>ELIZABETH - DOWLING</b>			4. DATE OF DEATH (Month) <b>Nov</b> (Year) <b>1953</b>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>6-3-1878</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Keeping house</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Rhineland, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	

13a. FATHER'S NAME <b>Bernard Pottelbaum</b>	13b. MOTHER'S MAIDEN NAME <b>Dena Schless</b>	14. NAME OF HUSBAND OR WIFE <b>John M. Dowling</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>no.</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>M. B. Dowling - Mrs. Kittick Mo.</b>

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		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>MYOCARDIAL INFARCTION</b>	DUE TO (b) <b>ARTERIOSCLEROTIC HEART DIS.</b>		<b>2 MIN</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <b>CARCINOMA OF BREAST</b>			<b>3 YRS</b>
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 <b>4200 H</b>		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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **12:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>George M. Workman M.D.</b>	23b. ADDRESS <b>HERMANN Mo</b>	23c. DATE SIGNED <b>11-14-53</b>
24a. BURIAL (CREMATION, REMOVAL) (Specify) <b>Burial</b>	24b. DATE <b>11-14-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Joseph's</b>
24d. LOCATION (City, town, or county) (State) <b>Rhineland Mo</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mrs. Eunice Buda Kottmeyer &amp; Co. - Rhineland Mo</b>	
DATE REC'D BY LOCAL REG. <b>11-14-53</b>	REGISTRAR'S SIGNATURE <b>Mrs. Eunice Buda Kottmeyer</b>	

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

*D B Baker*

Licensed Embalmer No. 3375

P. O. Address *Amesbury 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.