

FILED NOV 17 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39911

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 231

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>	
c. LENGTH OF STAY (In this place) <u>9 MOS.</u>		d. STREET ADDRESS (If rural, give location) <u>406 E. 11th</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Phelps County Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LEONA</u> b. (Middle) <u>THELMA</u> c. (Last) <u>DOWDY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 7, 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>April 16, 1908</u>		9. AGE (In years last birthday) <u>45</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (State or foreign country) <u>Forest City, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Eugene Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Bessie B. Cooper</u>	
14. NAME OF HUSBAND OR WIFE <u>Joseph P. Dowdy</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>500-09-9852</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Joseph P. Dowdy</u>		17. ADDRESS <u>406 E. 11th, Rolla, 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, ashenia, 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) <u>Ca of left breast - carcinomatous (submit 2x4)</u>		DUE TO (b) <u>(my patient since 8-13-53)</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 <u>170X</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) (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 8-13, 1953 to 11-7, 1953, that I last saw the deceased alive on 11-7, 1953, and that death occurred at 11:45 Pm., from the causes and on the date stated above.

23a. SIGNATURE: <u>E. E. Ferrel M.D.</u> (Degree or title)		23b. ADDRESS <u>Rolla Mo</u>		23c. DATE SIGNED <u>11-9-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 10, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Gardens</u>	
24d. LOCATION (City, town, or county) (State) <u>Rolla, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Holloway</u>		ADDRESS <u>1100 Elm, Rolla, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 12, 1953</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>		3480.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

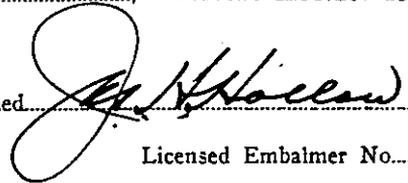
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3643

P. O. Address Rolla, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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