No. 300
10.48

FILED NOV 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39944

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 140

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

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1. PLACE OF DEATH
a. COUNTY Pike
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Louisiana
c. LENGTH OF STAY (in this place) 48
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pike Co Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Pike
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bowling Green
d. STREET ADDRESS (If rural, give location) 0820 0

3. NAME OF DECEASED (Type or Print)
a. (First) Anita
b. (Middle) Bell
c. (Last) Dowell

4. DATE OF DEATH (Month) (Day) (Year) Nov 10 1953

5. SEX Female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH May 16 1902
9. AGE (In years last birthday) 57 | IF UNDER 1 YEAR Months 5 Days 24 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) Hannibal Mo
12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME John Eddleman
13b. MOTHER'S MAIDEN NAME Prudie Marten
14. NAME OF HUSBAND OR WIFE Leonard Dowell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____
16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME Mrs. Jim Swiger ADDRESS Bowling Green 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) Uremia — Oliguria — INTERVAL BETWEEN ONSET AND DEATH 3 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Active Nephritis — 1+ yrs
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 592 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* 11-9-, 1953, *to* 11-10-, 1953, *that I last saw the deceased alive on* 11-10, 1953, *and that death occurred at* 9:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Chas. H. Lumeller (Degree or title) MD
23b. ADDRESS Louisiana Mo
23c. DATE SIGNED 11/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 13 1903
24c. NAME OF CEMETERY OR CREMATORY Hayes Creek
24d. LOCATION (City, town, or county) Audrain Co (State) Mo

DATE REC'D BY LOCAL REG. Nov 12, 1953
REGISTRAR'S SIGNATURE Berniece Collier 374
29. FUNERAL DIRECTOR'S SIGNATURE Grace Dankhead
ADDRESS Bowling Green 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Harold Kirke

Signed.....
Student Embalmer

Licensed Embalmer No. 4597

P. O. Address Banning Grove,

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

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