

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 21 1954

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 5954 Registrar's No. 5

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

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike 0820</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Frankford (rural) PENO</u>	c. LENGTH OF STAY (in this place) <u>54 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Frankford, Rural Stearns Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>PENO</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>RICHARD</u> b. (Middle) <u>MARION</u> c. (Last) <u>DOWELL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN-9-1954</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>APR. 10-1899</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Pike Co., Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>GEORGE GILMORE DOWELL</u>	13b. MOTHER'S MAIDEN NAME <u>MARY ISABELLE SNEDIGAR</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. OLLIE SHAW FRANKFORD MO.</u>
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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>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. OLLIE SHAW FRANKFORD MO.</u>	ADDRESS <u>FRANKFORD MO.</u>
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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 <u>?</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basal skull fracture</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>none</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>through road</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Frankford Pike Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 9 54 10 A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fallen tractor overturned</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased on Jan 9, 1954, and that death occurred at 10 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. G. Murd</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Bowling Green Mo.</u>	23c. DATE SIGNED <u>1-9-54</u>
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24a. BURIAL, CREMATION, REMOVAL <u>Burial</u>	24b. DATE <u>Jan 11-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cem. Frankford (rural) Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Frankford Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 12, 1954</u>	REGISTRAR'S SIGNATURE <u>Bernice Callier</u>	1374	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fields & Son</u>	ADDRESS <u>Frankford, Mo.</u>
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STATE BOARD OF HEALTH

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 Low Fields Megawon

Licensed Embalmer No. 4093

P. O. Address Frankford 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.