No. 300
10-48

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

FILED MAY 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14663

BIRTH NO. _____ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 4519 Registrar's No. 89

1070

1. PLACE OF DEATH
a. COUNTY: TEXAS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CABOOL
c. LENGTH OF STAY (in this place): 6 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: TEXAS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CABOOL
d. STREET ADDRESS (If rural, give location): MAIN ST.

1070

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): ALLEN
c. (Last): Dowdy

4. DATE OF DEATH (Month) (Day) (Year): MAY 4-1954

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MAR. 4, 1876
9. AGE (In years last birthday): 78
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): OREGON Co. MO.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Dowdy
13b. MOTHER'S MAIDEN NAME: UNOBTAINABLE
14. NAME OF HUSBAND OR WIFE: LENA DOWDY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: LENA Dowdy
ADDRESS: CABOOL

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) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 36 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arterio Sclerosis

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: 4201
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* May 3, 1954, *to* May 4, 1954, *that I last saw the deceased alive on* May 4, 1954, *and that death occurred at* 9:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Garrett Hogg Jr. (Degree or title)
23b. ADDRESS: Cabool Mo
23c. DATE SIGNED: May 7/54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 5-6-54
24c. NAME OF CEMETERY OR CREMATORY: CABOOL CEMET.
24d. LOCATION (City, town, or county) (State): CABOOL MO.

DATE REC'D BY LOCAL REG.: 5-7-54
REGISTRAR'S SIGNATURE: Haynell Cunningham 325-D
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: James Lentz, Cabool, 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 .....

....., Student Embalmer No. .....

working under my personal supervision.

Signed James L. Gentry

Signed.....
Student Embalmer

Licensed Embalmer No. 4718

P. O. Address Cabool, Mo.

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

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