

FILED JUL 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21787

BIRTH NO. _____		REG. DIST. NO. <u>340</u>		PRIMARY REG. DIST. NO. <u>6152</u>		Registrar's No. <u>57</u>		
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dudley Liberty IWP.</u>		c. LENGTH OF STAY (in this place) <u>12 hrs.</u>		c. CITY OR TOWN <u>Essex</u> <u>Dudley</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 1</u>				e. STREET ADDRESS (If rural, give location) <u>Route 2</u> <u>1020</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u> b. (Middle) <u>Eugene</u> c. (Last) <u>Dowdy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 4, 1954</u>					
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <input checked="" type="checkbox"/> <u>married</u>	8. DATE OF BIRTH <u>May 13, 1927</u>		9. AGE (In years last birthday) <u>27</u>	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) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Clarksville, Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Andrew J. Dowdy</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Warren</u>		14. NAME OF HUSBAND OR WIFE <u>Imogene Dowdy</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>XX</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Imogene Dowdy</u> ADDRESS <u>Essex, Mo. R. 2</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asyphixation</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Drowning</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>E 850X</u> <u>38</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>suicide accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>St. Francis River</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Liberty Township, Stoddard, Mo.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 4, 1954 8:45 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Boat turned over</u>				
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 <u>8:45 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>W. W. Rainey</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Stoddard</u>		23c. DATE SIGNED <u>7-6-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7-7-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Essex cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Essex, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7-7-54</u>		REGISTRAR'S SIGNATURE <u>Velma V. Jenkins</u>		409		25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Funeral Ser. Dexter, Mo.</u> ADDRESS _____		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.....
Signature of Student Embalmer

Signed *Walter Marsh Watkins*

Licensed Embalmer No. *4717*

P. O. Address *Dexter, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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