

FILED AUG 31 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26172

BIRTH NO. 50364-54 REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 147

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. CITY OR TOWN RFD #1, Molino	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 1/2 hrs		e. STREET ADDRESS (If rural, give location) Rfd #1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain County Hospital			
3. NAME OF DECEASED (Type or Print)		a. (First) Benjamin	b. (Middle) Stephen
		c. (Last) Dowell	4. DATE OF DEATH (Month) (Day) (Year) Aug 22, 1954
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Aug 22, 1954
9. AGE (In years last birthday)		10. UNDER 1 YEAR Months	11. UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) baby		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and State or Foreign Country) Mexico, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Martin Dowell	
13b. MOTHER'S MAIDEN NAME Mary Lucille Reid		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Martin Dowell		ADDRESS Molino, Missouri	
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) Prematurity 5 months gestation ANTECEDENT CAUSES DUE TO (b) Premature labor DUE TO (c) Unknown II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 776 X	
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) m.		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 Aug 22, 1954 to Aug 22, 1954 , that I last saw the deceased alive on Aug. 22, 1954 , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Ernest S. Gault MD		23b. ADDRESS Mexico, Mo.	
23c. DATE SIGNED 8-28-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-23-54	
24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery		24d. LOCATION (City, town, or county) (State) Mexico, Missouri	
DATE REC'D BY LOCAL REG. Aug 28 1954		REGISTRAR'S SIGNATURE Blanche Neely	
25. FUNERAL DIRECTOR'S SIGNATURE ARNOLD FUNERAL HOME		ADDRESS Mexico Mo	

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 *Richard J. McElroy*.....

Licensed Embalmer No. *482*.....

P. O. Address *Memphis*.....

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.