

FILED OCT 25 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33347**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **73** PRIMARY REG. DIST. NO. **5291** Registrar's No. **85**

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Platte</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Platte</b> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Liberty 4 1/2 mi.</b> |  | c. CITY OR TOWN <b>Liberty</b>  | 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 <b>Zoo F. Hosp.</b>   |  | STREET ADDRESS (If rural, give location) <b>Zoo F. Home 6000</b>  |   |

|   |             |                            |  |
|---|-------------|----------------------------|--|
| 3. NAME OF DECEASED<br>a. (First) <b>BELLE</b><br>(Type or Print) | b. (Middle) | c. (Last) <b>MC DOWELL</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Oct. 11-54</b> |
|---|-------------|----------------------------|--|

|                      |                               |   |                                      |   |                        |                       |                        |
|----------------------|-------------------------------|---|--------------------------------------|---|------------------------|-----------------------|------------------------|
| 5. SEX <b>Female</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> | 8. DATE OF BIRTH <b>Nov. 25-1872</b> | 9. AGE (In years last birthday) <b>81</b> | IF UNDER 1 YEAR Months | IF UNDER 2 HRS. Hours | IF UNDER 15 MIN. Mins. |
|----------------------|-------------------------------|---|--------------------------------------|---|------------------------|-----------------------|------------------------|

|  |                                   |  |  |
|--|-----------------------------------|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <b>Platte Co. Mo.</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
|--|-----------------------------------|--|--|

|  |  |  |
|--|--|--|
| 13a. FATHER'S NAME <b>Bergman W. Putzger</b> | 13b. MOTHER'S MAIDEN NAME <b>Elizabeth Degrees</b> | 14. NAME OF HUSBAND OR WIFE <b>D. S. Mc Dowell</b> |
|--|--|--|

|  |                                   |   |                                 |
|--|-----------------------------------|---|---------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> | 16. SOCIAL SECURITY NO. <b>No</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Ralph A. Putzger</b> | ADDRESS <b>Kansas City, Mo.</b> |
|--|-----------------------------------|---|---------------------------------|

|  |  |  |  |
|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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  |  | INTERVAL BETWEEN ONSET AND DEATH   |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br><del>General arteriosclerosis</del><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Cerebral Haemorrhage 24 hours</b><br>DUE TO (c) <b>General Arteriosclerosis</b> |  |  |
|  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Some evidence of cardiac insufficiency</b>  |  |  |
| 19a. DATE OF OPERATION   | 19b. MAJOR FINDINGS OF OPERATION<br><b>331 X</b>   |  | 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) (Minute) | 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 1949, to 1954, that I last saw the deceased alive on Oct 10, 1954, and that death occurred at 1 A m., from the causes and on the date stated above.

|  |                                |                                 |
|--|--------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <b>Wm. G. Anderson M.D.</b> | 23b. ADDRESS <b>Liberty Mo</b> | 23c. DATE SIGNED <b>11/7/54</b> |
|--|--------------------------------|---------------------------------|

|   |                             |  |  |
|---|-----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>Oct. 12-54</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Brown Hill</b> | 24d. LOCATION (City, town, or county) (State) <b>Et Cetera Platte Mo</b> |
|---|-----------------------------|--|--|

|   |   |   |
|---|---|---|
| DATE REC'D BY LOCAL REG. <b>Oct 21-1954</b> | REGISTRAR'S SIGNATURE <b>Mabel Graham 491</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>James Owen Co. Liberty Mo</b> |
|---|---|---|

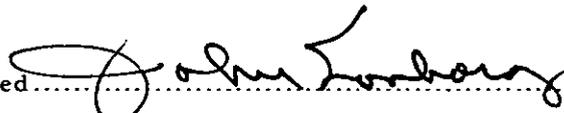
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

---

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 .....

Licensed Embalmer No. 444

P. O. Address Liberty

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.