

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34548

State File No.

FILED OCT 29 1954

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 63

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

1. PLACE OF DEATH a. COUNTY <u>LIINN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>CHARITON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARCELINE, MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARCELINE RT. 3</u>	
c. LENGTH OF STAY (in this place) <u>19 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>RT. #3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BUNTON NURSING HOME</u>			
3. NAME OF DECEASED a. (First) <u>JUDITH</u> b. (Middle) <u>ANN</u> c. (Last) <u>McKIBBEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 - 17 - 54</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, <input type="checkbox"/> DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JUNE 5, 1954</u>
9. AGE (In years last birthday) <u>69</u>		<input type="checkbox"/> UNDER 1 YEAR Days <u>4</u>	<input type="checkbox"/> UNDER 1 MO. Hours <u>18</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CHARITON CO. RT. 3, MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>J. J. DOWELL</u>	
13b. MOTHER'S MAIDEN NAME <u>LIZZEE GOTTBERIAN</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>LEO DOWELL MARCELINE RT. 3, MO</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cocaine Reaction</u> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES (b) <u>C Metastasis</u> 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 <u>Severe Secondary Anemia</u> Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>154X</u>	
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) (Min.)		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 <u>9-12, 1953</u> to <u>10-17, 1954</u> , that I last saw the deceased alive on <u>10-9, 1954</u> , and that death occurred at <u>3:30 AM</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. J. J. Dowell</u>		23b. ADDRESS <u>Marceline, MO</u>	
23c. DATE SIGNED <u>10-18-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-19-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>LOCKE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CHARITON Co, MO</u>	
DATE REC'D BY LOCAL REG. <u>10/20/54</u>		REGISTRAR'S SIGNATURE <u>Gray Jane Ridgway</u>	
401-		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>W. M. ...</u>	

AUG 16 1955

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

George F. Trammell

Licensed Embalmer No. 4425

P. O. Address Marion, 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.