

FILED NOV 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36506

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5113</u>		Registrar's No. <u>605</u>			
1. PLACE OF DEATH a. COUNTY <u>BOLLINGER CO</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>BOLLINGER CO</u>					
b. CITY OR TOWN <u>RUFFLE</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>RUFFLE</u>		d. STREET ADDRESS (If rural, give location) <u>RD 990</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. FULL NAME OF HOSPITAL OR INSTITUTION					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTHUR</u>			b. (Middle) <u>M</u>		c. (Last) <u>DOWD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-28-1954</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Aug-21-1875</u>		9. AGE (In years last birthday) <u>79</u> 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)			10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>MADISON CO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>M.F. DOWD</u>			13b. MOTHER'S MAIDEN NAME <u>MARG. MILLER</u>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Harold Dowd Poplar Bluff</u>			ADDRESS _____	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Influenzaortic aneurism</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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 <u>1/2</u> , 19 <u>44</u> , to <u>10/28</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>10/28</u> , 19 <u>54</u> , and that death occurred at <u>4 PM</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>John J. Myers D.D.</u>				23b. ADDRESS <u>Butteville Mo</u>			23c. DATE SIGNED <u>11/7/54</u>		
24a. BURIAL, CREMATION (City, town, or county)		24b. DATE <u>10/30/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rhodas CHRP</u>		24d. LOCATION (City, town, or county) (State) <u>MADISON CO MO</u>			
DATE REC'D BY LOCAL REG. <u>Nov. 17-54</u>		REGISTRAR'S SIGNATURE <u>William VanAmburg</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>William VanAmburg</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.

Signed.....
Student Embalmer

Signed

Licensed Embalmer No. 4351

P. O. Address

FREDERICKTOWN

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.