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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36600

FILED DEC 6 1954

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1241

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	c. LENGTH OF STAY (in this place) 1 week	c. CITY OR TOWN St. Joseph	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 Mo. Methodist Hospital		e. STREET ADDRESS (If rural, give location) RR #5, Center Twsp. 0110	

3. NAME OF DECEASED (Type or Print) CHARLOTTE		a. (First)	b. (Middle)	c. (Last) McDOWELL	4. DATE OF DEATH (Month) (Day) (Year) November 24, 1954	
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 13, 1898	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and State or Foreign Country) <input type="radio"/> Buchanan County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry McCauley	13b. MOTHER'S MAIDEN NAME Florence Ritchey	14. NAME OF HUSBAND OR WIFE Polen McDowell	
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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. 491-28-3652	17. INFORMANT'S SIGNATURE OR NAME Polen McDowell, RR #5, St. Joseph, Mo.		ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary infarction	ANTECEDENT CAUSES			16 hrs
DUE TO (b) Bronchial pneumonia	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			4 days
DUE TO (c) Arterio Sclerotic heart disease	II. OTHER SIGNIFICANT CONDITIONS			2 yrs
	Conditions contributing to the death but not related to the disease or condition causing death. Urinary tract infection			?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)
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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?
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22. I hereby certify that I attended the deceased from Nov 21, 1954 to Nov 24, 1954, that I last saw the deceased alive on Nov 23, 1954, and that death occurred at 7:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) T.L. Howden M.D.	23b. ADDRESS Kirk Bldg., St. Joseph, Mo.	23c. DATE SIGNED 11-29-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Nov 26, 1954	24c. NAME OF CEMETERY OR CREMATORY Sparta Cemetery	24d. LOCATION (City, town, or county) (State) Buchanan County, Missouri
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DATE REC'D BY LOCAL REG. Dec 1, 1954	REGISTRAR'S SIGNATURE Bethen M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE John E. Rupp, St. Joseph, Mo.	ADDRESS
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(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.....
John E. Rupp

Licensed Embalmer No. *798*

P. O. Address *St. Joe*

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.