

FILED APR 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

13631

BIRTH NO. ....

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. ....

3362

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Chillicothe	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hosp.		STREET ADDRESS (If rural, give location) 531 9th St.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Del Rey		b. (Middle) McDowell		c. (Last) McDowell	
4. DATE OF DEATH (Month) (Day) (Year) April 13, 55		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH March 11, 1884		9. AGE (In years last birthday) 71	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Chillicothe Mo.,	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Thomas Jones		13b. MOTHER'S MAIDEN NAME Carrie Adams	
14. NAME OF HUSBAND OR WIFE Allan McDowell.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY (If young war or dates of service) Nil	
17. INFORMANT'S SIGNATURE OR NAME Edna Nelson		ADDRESS 6010 Waterman Ave.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesenteric thrombosis (intestinal gangrene)		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerotic ven. DUE TO (c) Coronary thrombosis artery + chronic with myocardial infarction		4 days	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		3	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No operation		20. AUTOPTSY? YES <input checked="" type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5702	
22. I hereby certify that I attended the deceased from May 19, 1947 to 4-12, 1955 that I last saw the deceased alive on 4-13, 1955 and that death occurred at 2:45 p.m., from the causes and on the date stated above.					
23a. SIGNATURE C. R. Shrader		23b. ADDRESS (Degree or title) M.D., 3720 Washington		23c. DATE SIGNED 4/14/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-14-55		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) Chillicothe Mo.		24e. FUNERAL DIRECTOR'S SIGNATURE A.H. Hoppe		ADDRESS 4704 Washington Ave.	
DATE REC'D BY LOCAL REG. APR 14 1955		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

WRITE PLAINLY—USING UNFADEING 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 *E. B. Williams*.....

Licensed Embalmer No. *1120*

P. O. Address *St. Louis*.....

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.