

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15762

FILED MAY 17 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 190

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY OR TOWN JOPLIN	c. LENGTH OF STAY (In this place) 5 HRS	c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN 0495	
d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSPITAL		d. STREET ADDRESS (If rural, give location) 101 MCCONNELL AVE.	

3. NAME OF DECEASED (Type or Print) ARTHUR	a. (First) ARTHUR	b. (Middle) E.	c. (Last) MCDOWELL	4. DATE OF DEATH (Month) (Day) (Year) MAY 5, 1955
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 20, 1877	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work depending upon working life span if retired) RETIRED-FARMER	10b. KIND OF BUSINESS OR INDUSTRY WHEAT FARMING	11. BIRTHPLACE (State or foreign country) MINNEAPOLIS, MINN. /	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME JOHN MCDOWELL	13b. MOTHER'S MAIDEN NAME CARRIE	14. NAME OF HUSBAND OR WIFE MRS. LULA 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) UNK	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. LULA MCDOWELL, 101 MCCONNELL AVE
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dissecting Aneurysm		
	ANTECEDENT CAUSES 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 Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 451 X	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.	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 May 5th, 1955, to May 5, 1955, that I last saw the deceased alive on May 5, 1955, and that death occurred at 02 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W.A. Wilson 0 MD	23b. ADDRESS 1923 Sergeant, Joplin, Mo	23c. DATE SIGNED 5/6/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-7-55	24c. NAME OF CEMETERY OR CREMATORY BOGART CEMETERY	24d. LOCATION (City, town, or county) (State) KERWIN, KANSAS
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DATE REC'D BY LOCAL REG. 5-7-55	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

Ohio Filed MAY 16 1955

DEC 6 1955  
DEC 8 1955

JUN 21 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No.....

Signed F. M. Jones

Signed.....  
Student Embalmer

Licensed Embalmer No. 2318

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.