

STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 239

1. PLACE OF DEATH  
a. COUNTY Randolph  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Madison  
c. LENGTH OF STAY (in this place) 18 day  
d. FULL NAME OF HOSPITAL OR INSTITUTION McCormick Osteo. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Madison  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Madison  
d. STREET ADDRESS (If rural, give location) 0690

3. NAME OF DECEASED  
a. (First) Sarah b. (Middle) Anna c. (Last) Dowdy  
4. DATE OF DEATH (Month) (Day) (Year) 9-26-1955

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed  
8. DATE OF BIRTH 9/12/1862 9. AGE (In years) (last birthday) 92  
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) at home  
10b. KIND OF BUSINESS OR INDUSTRY home making  
11. BIRTHPLACE (State or foreign country) Madison, Missouri  
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph Southman 13b. MOTHER'S MAIDEN NAME Celia Anderson 14. NAME OF HUSBAND OR WIFE Andrew Jackson Dowdy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)  
16. SOCIAL SECURITY NO. none  
17. INFORMANT'S SIGNATURE OR NAME Mr. Carl Dowdy ADDRESS Madison

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, asthma, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Hypostatic pneumonia  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Fracture of rt. humerus 18 day  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. 9030

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION no 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident  
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home  
21c. (CITY, TOWN, OR TOWNSHIP) Madison (COUNTY) Madison (STATE) MO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 8 1955 2:30 pm  
21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
21f. HOW DID INJURY OCCUR? Fell over cat.

22. I hereby certify that I attended the deceased from Sept 8, 1955, to Sept 26, 1955, that I last saw the deceased alive on Sept 26, 1955, and that death occurred at 2:30 pm, from the causes and on the date stated above.

23a. SIGNATURE W. G. Turner (Degree or title) Dr. 23b. ADDRESS Madison MO 23c. DATE SIGNED 9-30-55

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE Sept 28/55 24c. NAME OF CEMETERY OR CREMATORY Sunset Hill 24d. LOCATION (City, town, or county) (State) Madison MO

DATE REC'D BY LOCAL REG. 9/30/55 REGISTRAR'S SIGNATURE Beaheloue 269 FUNERAL DIRECTOR'S SIGNATURE W. Redd Thompson ADDRESS Madison MO

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Mrs. Fred A. Kump*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3282

P. O. Address *Madison*

**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.