

No. 300
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FILED OCT 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30522**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 272

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, write RURAL and give township) ST. FRANCOIS T.S.		c. LENGTH OF STAY (in this place) 1 day	c. CITY OR TOWN ELVINS
d. FULL NAME OF HOSPITAL OR INSTITUTION MINERAL AREA OSTEO. HOSP.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS (If rural, give location)		0940	

3. NAME OF DECEASED (Type or Print) a. (First) CARRIE	b. (Middle)	c. (Last) MC DOWELL	4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 24, 1955
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 7 - 1876	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 4 Day 17	IF UNDER 24 HRS. Hours 17 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 HOUSEWIFE	11. BIRTHPLACE (City and State or Foreign Country) FREDERICKTOWN, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOHN HOWELL	13b. MOTHER'S MAIDEN NAME NANCY (Unknown)	14. NAME OF HUSBAND OR WIFE SAM MC DOWELL
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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. none	17. INFORMANT'S SIGNATURE OR NAME Samuel Mc Dowell	ADDRESS Elvins, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 DAYS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 260x		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HYPERGLYCEMIA (240)			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 9-22, 1955, to 9-24, 1955, that I last saw the deceased alive on 9-24, 1955, and that death occurred at 12:40 A.M. by the causes and on the date stated above.

23a. SIGNATURE <i>P. S. Howell, D.O.</i>	(Degree or title)	23b. ADDRESS FLAT RIVER, MISSOURI	23c. DATE SIGNED 9-26-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 26, 1955	24c. NAME OF CEMETERY OR CREMATORY St. Francois Memo.	24d. LOCATION (City, town, or county) (State) St. Francois Co. Mo.
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DATE REC'D BY LOCAL REG. Sept. 26, 1955	REGISTRAR'S SIGNATURE <i>Esther Rudloff</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Sparks</i>	ADDRESS Flat River, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 27 1962

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.....
Muzby Spahr

Licensed Embalmer No. *429*

P. O. Address.....
William M.

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.