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FILED NOV 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32120**

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

| | | | | | | | | | |
|--|--|--|---|--|--|--|--|----------------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. 4 | | PRIMARY REG. DIST. NO. Sev3 | | Registrar's No. 68 | | | |
| 1. PLACE OF DEATH a. COUNTY Atchison | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Atchison | | | | | |
| b. CITY OR TOWN Rock Port-rural | | c. LENGTH OF STAY (in this place) 6 mo | | c. CITY OR TOWN Tarkio | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Atchison County Rest Home | | | | STREET ADDRESS (If rural, give location) 0030 | | | | | |
| 3. NAME OF DECEASED a. (First) LEO b. (Middle) ALBERTIE c. (Last) DOWDY | | | 4. DATE OF DEATH (Month) (Day) (Year) October 11, 1955 | | | | | | |
| 5. SEX female | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | | 8. DATE OF BIRTH Aug 20, 1878 | | | |
| 9. AGE (In years last birthday) 77 | | if UNDER 1 YEAR Months 1 Days 21 | | if UNDER 24 HRS. Hours Min. | | 11. BIRTHPLACE (City and State or Foreign Country) 9 | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper | | 10b. KIND OF BUSINESS OR INDUSTRY own home | | 11. BIRTHPLACE (City and State or Foreign Country) 9 | | 12. CITIZEN OF WHAT COUNTRY? U.S | | | |
| 13a. FATHER'S NAME Wm. Scales | | | 13b. MOTHER'S MAIDEN NAME unknown | | 14. NAME OF HUSBAND OR WIFE J. P. Dowdy | | | | |
| 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 ADDRESS Floyd Dowdy St. Joseph, Mo. | | | | | |
| 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 | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion | | | | ANTECEDENT CAUSES | | | | | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | DUE TO (b) Arteriosclerosis | | | | | |
| | | | | DUE TO (c) Diabetes Mellitus | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201 | | | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | | |
| 22. I hereby certify that I attended the deceased from Oct. 10, 1953 to August 9, 1955 , that I last saw the deceased alive on August 9, 1955 , and that death occurred at 2 A m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) Edmund E. Bure M.D. | | | | 23b. ADDRESS Tarkio, Mo. | | 23c. DATE SIGNED 10/12/55 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 10/13/55 | | 24c. NAME OF CEMETERY OR CREMATORY Home Cemetery | | 24d. LOCATION (City, town, or county) (State) Tarkio, Mo. | | | |
| DATE REC'D BY LOCAL REG Nov. 2, 1955 | | REGISTRAR'S SIGNATURE Thasvio N. [Signature] | | 25. FUNERAL DIRECTOR'S SIGNATURE Davis Funeral Home | | ADDRESS Tarkio, Mo. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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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 *Frost A. Brown*.....

Licensed Embalmer No. 3338.....

P. O. Address...Tarkio, Mo..

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.