

FILED JAN 30 1956

STANDARD CERTIFICATE OF DEATH

State File No. 2161

BIRTH NO. 67344-55 REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 5848 Registrar's No. 60

1. PLACE OF DEATH  
a. COUNTY Nodaway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Nodaway

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Barnard - rural c. LENGTH OF STAY (in this place) 5 mo.

c. CITY OR TOWN Barnard d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Family home

e. STREET ADDRESS (If rural, give location) 2 miles west 0740

3. NAME OF DECEASED (Type or Print) a. (First) JANET b. (Middle) EILEEN c. (Last) DOWDEN

4. DATE OF DEATH (Month) (Day) (Year) 1 20 56

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married

8. DATE OF BIRTH 10/24/55

9. AGE (In years last birthday) IF UNDER 1 YEAR Months 2 Days 26 IF UNDER 4 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (City and State or Foreign Country) Maryville, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Willis Dowden

13b. MOTHER'S MAIDEN NAME Cleeta Wilson

14. NAME OF HUSBAND OR WIFE none

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 Mrs. Willis Dowden, Barnard, 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Bronchial pneumonia  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral agenesis.  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7531

INTERVAL BETWEEN ONSET AND DEATH 2 days  
Pneumonia

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Birth, 19\_\_\_, to Jan. 20, 1956, that I last saw the deceased alive on Jan 20, 1956, and that death occurred at 5:10 AM., from the causes and on the date stated above.

23a. SIGNATURE E. P. Jones, M.D. (Degree or title)

23b. ADDRESS Maryville, Missouri

23c. DATE SIGNED 1-21-56

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 1/22/56

24c. NAME OF CEMETERY OR CREMATORY Miriam

24d. LOCATION (City, town, or county) (State) Maryville, Missouri

DATE REC'D BY LOCAL REG. 1-28-56

REGISTRAR'S SIGNATURE Bess Holt 229

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.

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

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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 *John W. Price*

Licensed Embalmer No. *4281*

P. O. Address *Maryville*

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.