

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19317

State File No.

FILED JUN 12 1958

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6152 Registrar's No. 602

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bernie Liberty</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bernie, Mo.</u>	
c. LENGTH OF STAY at this place <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Earl</u>	b. (Middle) <u>—</u>	c. (Last) <u>Dowdy</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 29, 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-12-1904</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life. If retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Bernie St., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
<u>Construction - Brick Mason</u>	<u>Constructing</u>		

13a. FATHER'S NAME <u>Lee Dowdy</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Foster</u>	14. NAME OF HUSBAND OR WIFE <u>Pauline Dowdy</u>
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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) <u>None</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Pauline Dowdy</u> ADDRESS <u>Bernie, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Rectum & Anus</u>		
	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 _____	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) <u>154X</u>
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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 3-21, 1956 to 5-29, 1956 that I last saw the deceased alive on 5-18, 1956, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>F.O. Kelley D.O.</u>	23b. ADDRESS <u>Bernie, Mo.</u>	23c. DATE SIGNED <u>6-4-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-1-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bernie Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bernie, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5/27/56</u>	REGISTRAR'S SIGNATURE <u>Delma D. Fenwick</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R.L. Duffie</u> ADDRESS <u>Bernie, Mo.</u>
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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
Student Embalmer

Signed Raymond L. Duffie

Licensed Embalmer No. 4798

P. O. Address Berne, 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 this body is not embalmed, fact should be so stated above.