

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44445

STATE FILE NUMBER

FILED JAN 8 1957

Registration District No. 925 Primary Registration District No. 4479 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <i>Schuyler</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Schuyler</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Queen City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Queen City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <i>Home</i>			Length of stay in 1b <i>yes</i>	d. STREET ADDRESS (If outside, give location) <i>Home</i>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>William</i> Middle <i>S.</i> Last <i>McDowell</i>				4. DATE OF DEATH Month <i>12</i> Day <i>21</i> Year <i>56</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>2-13-1882</i>		9. AGE (In years last birthday) <i>74</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTH PLACE (City and state or country) <i>Glennwood Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Joseph McDowell</i>				14. MOTHER'S MAIDEN NAME <i>Louisa Robbin</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>489-14-7084</i>		17. INFORMANT <i>Mrs. Marilla M. McDowell</i>		Address <i>Greenfield Mo</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Myocardial Failure</i>						INTERVAL BETWEEN ONSET AND DEATH <i>10 min.</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <i>Oremia</i>	
						DUE TO (c) <i>Cardiac thrombosis</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Generalized Arteriosclerosis</i>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour <i>---</i> Month <i>---</i> Day <i>---</i> Year <i>---</i> a. m. <i>---</i> p. m. <i>---</i>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <i>8/23/50</i> to <i>12/21/56</i> and last saw him alive on <i>12/21/56</i> Death occurred at <i>12/21/56 10:15 PM</i> in on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Edward M. Roberts M.D.</i>				22b. ADDRESS <i>Queen City Mo.</i>		22c. DATE SIGNED <i>12/27/56</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
<i>Burial</i>		<i>12-23-56</i>	<i>Bethel Cemetery</i>		<i>2 miles South of Glennwood Mo</i>		
24. FUNERAL DIRECTOR <i>Doyle F. Home</i>		ADDRESS <i>Queen City Mo</i>		25. DATE RECD. BY LOCAL REG. <i>12-23-56</i>		26. REGISTRAR'S SIGNATURE <i>Wm. A. Drake</i>	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Jack H. Dooly*.....

Licensed Embalmer No. *46*

P. O. Address *Queen*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.