

pt. Health,
nc., & Welfare
S. Public
alth Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43344
STATE FILE NUMBER

FILED NOV 27 1957

Registration District No. 375 Primary Registration District No. 6284 Registrar's No. 24

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wright	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Manes (Montgomery)		c. CITY OR TOWN Manes	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Montgomery Twp		d. STREET ADDRESS (If outside, give location) Montgomery Twp	
3. NAME OF DECEASED (Type or print) First Alfred Middle William Last Dowden		4. DATE OF DEATH November 15, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 20, 1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming (retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 82
13a. FATHER'S NAME Wiley Dowden		13b. MOTHER'S MAIDEN NAME Elisa Patterson	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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.	11. BIRTHPLACE (City and state or country) Wright County, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) 4200		14. NAME OF HUSBAND OR WIFE Amanda Crisp Dowden	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		17. INFORMANT Address Carl Dowden -- Manes, Missouri	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 12/28/54 to 11/15/57 and last saw him alive on 11/15/57 Death occurred at 7:15 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
22a. SIGNATURE George E. Fisher M.D. (Degree or title)		22b. ADDRESS Jehanson, Mo	
22c. DATE SIGNED 11/22/57		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 11/19/1957		23c. NAME OF CEMETERY OR CREMATORY Evening Shade Cemetery	
23d. LOCATION (City, town, or county) Wright County, Missouri		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR Barber Funeral Home - Mtn. Grove, Mo.		25. DATE RECD. BY LOCAL REG. 11/18/57	
26. REGISTRAR'S SIGNATURE Donnie J. Jones		26. REGISTRAR'S SIGNATURE	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

securing the medical certification in the specific manner required by 193.40 MoRS 1949. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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RECEIVED
 WRIGHT CO HEALTH DEPT.
 County File Number 115-7-127
 Date Filed 11-23-57

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 *George Stapp*
 Licensed Embalmer No. 3161

P. O. Address *Mt. Perry, Ind.*

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.