

XC-1652459
 REG.#15081
 FILED FEB 24 1958
 STANDARD CERTIFICATE OF DEATH

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 179

| | | | | | |
|--|----------------------------------|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY BUTLER | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SCOTT | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN SIKESTON | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL | | Length of stay in 1b 14.2 DAYS | d. STREET ADDRESS (If outside, give location) ROUTE TWO | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First WALTER Middle (NONE) Last MCDOWELL | | | 4. DATE OF DEATH Month FEBRUARY Day 5 Year 1958 | | |
| 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 4-7-97 | 9. AGE (In years last birthday) 60 | IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | | 10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE | 11. BIRTHPLACE (City and state or country) DEXTER, MISSOURI | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME ALF MCDOWELL | | 13b. MOTHER'S MAIDEN NAME MARY OWENS | | 14. NAME OF HUSBAND OR WIFE RUBY MCDOWELL | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WWI | | 16. SOCIAL SECURITY NO. 495 16 7544 | | 17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, MO. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COR PULMONALE | | | | | INTERVAL BETWEEN ONSET AND DEATH 10 Years |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) PULMONARY EMPHYSEMA | | | | | 10 Years |
| DUE TO (c) BRONCHIAL ASTHMA | | | | | 10 Years |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input 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 Month, Day, Year a.m. p.m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from Sept. 16, 1957 to Feb. 5, 1958 Death occurred at 5:10 AM m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE Robert S. Cohen ROBERT S. COHEN, M.D., Chief, Med. Svc. | | | 22b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO. | | 22c. DATE SIGNED 2-6-58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 2-5-58 | 23c. NAME OF CEMETERY OR CREMATORY Sikeston Cem. | | 23d. LOCATION (City, town, or county) (State) Sikeston, Mo. |
| 24. FUNERAL DIRECTOR Frank-Cotrell Poplar Bluff, Mo. | | 25. DATE RECD. BY LOCAL REG. 2/15/58 | | 26. REGISTRAR'S SIGNATURE <i>R. S. Cohen</i> | |

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RECEIVED

FEB 17 1958
BUTLER CO. HEALTH CENTER

FILE No. _____

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 *Charles E. Mungle*

Licensed Embalmer No. *4877*

P. O. Address *Roller Bldg*

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.