

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006768
STATE FILE NUMBER

FILED MAR 4 - 1958

Registration District No. 180 Primary Registration District No. 4423 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Platte				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Platte			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Weston		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Weston		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in lb 34 yr		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Charles Middle Elmor Last Dowdell				4. DATE OF DEATH Month Feb. Day 17, 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 Sept. 2, 1889		9. AGE (In years from birthday) 68	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY Shop		11. BIRTHPLACE (City and state or country) Vinegrove, Ky.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Charles Dowdell				14. MOTHER'S MAIDEN NAME Ellen Koffman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) no		16. SOCIAL SECURITY NO. 494-16-1441		17. INFORMANT Eldridge Dowdell		Address Weston, 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) Coronary thrombosis						INTERVAL BETWEEN ONSET AND DEATH 8 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis						10 yrs.	
DUE TO (c) XXXXXXXXXXXXX						4201	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Varicose leg ulcers. Huge i. chio rectal abcess 2mo. ago.						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input checked="" 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.) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
20c. TIME OF INJURY Hour XXXXXX Month XXXXXX Day XXXXXX Year XXXXXX		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) XXXXXXXXXXXX					
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION WESTON		COUNTY MISSOURI		STATE	
21. I attended the deceased from FEB. 17 1958 to Feb. 17 58 and last saw him alive on Feb. 17, 1958 Death occurred on _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Lewis C. Calvert				22b. ADDRESS Weston Mo		22c. DATE SIGNED 2-18-58	
23a. BURIAL, CREMATION, REMOVAL, ETC. Burial		23b. DATE 2-20-58		23c. NAME OF CEMETERY OR CREMATORY Graceland Cem.		23d. LOCATION (City, town, or county) (State) Weston, Missouri	
24. FUNERAL DIRECTOR Vaughn Funeral Home				ADDRESS Weston, Mo.		25. DATE RECD. BY LOCAL REG. Feb-20-58	
26. REGISTRAR'S SIGNATURE Alphie Rollins							

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be treated. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related.



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 *W. R. Vaughn*

Licensed Embalmer No. *40*

P. O. Address *Weston*

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.