

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018330
 STATE FILE NUMBER

FILED MAY 19 1959 Registration District No. 178 Primary Registration District No. Registrar's No. 46

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN EWING		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN EWING
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION XXXXXXXXXXXXXXXX		Length of stay in lb XXXXXX	d. STREET ADDRESS (If outside, give location) 056 XX XXXXXXXX
3. NAME OF DECEASED (Type or print) First Middle Last LOUISA ANN DOWLING			4. DATE OF DEATH Month Day Year MAY 8, 1959
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11/28/1881
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		9b. KIND OF BUSINESS OR INDUSTRY XXXXXXXXXX	9. AGE (In years last birthday) 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY XXXXXXXXXX	11. BIRTHPLACE (City and state or country) CANTON, MO.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME WILLIAM K. BOUDREAU	
13b. MOTHER'S MAIDEN NAME ANNIE DEVILBISS		14. NAME OF HUSBAND OR WIFE EDWARD DOWLING	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO XXXXXXXXXXXXX		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address ANNA MITCHELL Jackson, Nebraska
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebro-Vascular Accident</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>331X</u>			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 o.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <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 <u>1 May 59</u> to <u>8 May 59</u> and last saw her alive on <u>1 May 59</u> Death occurred at <u>O.A.R.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>John W. Wells, D.O.</u>		22b. ADDRESS <u>Lewistown Mo</u>	22c. DATE SIGNED <u>9 May 59</u>
23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL	23b. DATE <u>5/11/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Queen of Peace</u>	23d. LOCATION (City, town, or county) (State) <u>EWING, MISSOURI</u>
24. FUNERAL DIRECTOR <u>Charles S. ...</u>		ADDRESS <u>Lewistown, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>5-11-59</u>
			26. REGISTRAR'S SIGNATURE <u>P. W. Jennings, M.D.</u> <u>E. L.</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 L. Arnold*

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.