

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018545

STATE FILE NUMBER

FILED JUN 8 1959 Registration District No. 201 Primary Registration District No. 3048 Registrar No. 189

300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Maryville</u>		c. CITY OR TOWN <u>Maryville</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Francis Hosp</u>		d. STREET ADDRESS <u>322 E 1st</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Lena Almeda Dowling</u>		4. DATE OF DEATH Month Day Year <u>5-31-1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9-8-1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life (or retired)) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home-own</u>	11. BIRTHPLACE (City and state or country) <u>Maryville Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Boyd Pence</u>	
13b. MOTHER'S MAIDEN NAME <u>Martha Orme</u>		14. NAME OF HUSBAND OR WIFE <u>Earle A Dowling</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Mrs. Frances Anderson</u>		Address <u>Maryville</u>	
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>Malignant Lymphoma of Neck</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3/1/58</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)			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 <u>3/13/58</u> to <u>5/31/59</u> and last saw her alive on <u>5/30/59</u> Death occurred at <u>330 A</u> m of the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>B. F. Byland M.D.</u>		22b. ADDRESS <u>Maryville Mo</u>	22c. DATE SIGNED <u>6/2/59</u>
23a. BURIAL, CREMATION, REMOVALS (Specify)	23b. DATE <u>6/2/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hopkins Cem - Hopkins Mo</u>	23d. LOCATION (City, town, or county) (State)
24. SPECIAL DIRECTOR ADDRESS <u>Attn: Johnson Maryville 6-2-59</u>		25. DATE RECD. BY LOCAL REG. <u>6-2-59</u>	
		26. REGISTRAR'S SIGNATURE <u>Bess Holt</u>	

All diseases in Part I must be causally 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 *S M Otteson*

Licensed Embalmer No. *3279*
P. O. Address *Maryville*

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.