

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-035445**

**FILED VS NOV 9 1959 53**

Registration District No. \_\_\_\_\_ Primary Registration District No. **3010** Registrar's No. **397**

STATE FILE NUMBER

LENDED

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cape Gir.</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cape Girardeau</b>		Length of stay in 1b <b>Life</b>		c. CITY OR TOWN <b>Cape Girardeau</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Southeast Mo. Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1111 N. Water</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Tammie Jean McDowell</b>				4. DATE OF DEATH Month Day Year <b>October 17, 1959</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>10-17-59</b>	9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. <b>18 10</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>		11. BIRTHPLACE (City and state or country) <b>Cape Girardeau, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Orville McDowell</b>			13b. MOTHER'S MAIDEN NAME <b>Shelby Choate</b>			14. NAME OF HUSBAND OR WIFE <b>NONE</b>		
15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>*****</b>		17. INFORMANT <b>Orville McDowell</b>		Address <b>Cape Gir., Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Probable Adelaetasis of Lungs</b>							INTERVAL BETWEEN ONSET AND DEATH <b>18 hours</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>unknown</b>								
DUE TO (c) <b>Partial Absence of Spermium</b>								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Prematurity, Breech delivery, Salping Equinovarus, right foot</b>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 a.m. p.m. Month, Day, Year								
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 <b>Oct. 17, 1959</b> , to _____ and last saw her alive on <b>Oct. 17, 1959</b> . Death occurred at <b>11:10 P.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.								
21a. SIGNATURE <b>Israel M. Foxworth, M.D.</b> (Degree or title)				21b. ADDRESS <b>24 N. Sprigg Cape Girardeau, Mo.</b>			21c. DATE SIGNED <b>11/2/59</b>	
22a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>		22b. DATE <b>10-18-59</b>	22c. NAME OF CEMETERY OR CREMATORY <b>Fairmount Cemetery</b>			22d. LOCATION (City, town, or county) <b>Cape Girardeau, Mo.</b>		(State)
24. FUNERAL DIRECTOR <b>Ford &amp; Sons</b>			ADDRESS <b>Cape Girardeau, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>11-6-59</b>		26. REGISTRAR'S SIGNATURE <b>June Kasten</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

2010

**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. J. Ford

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau, 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.