

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

**-60-005759**

**FILED VS MAR 7 1960**

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 41

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>WASHINGTON</u>		Length of stay in 1b <u>5 DAYS</u>	c. CITY OR TOWN <u>SULLIVAN</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSP</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>332 RUSSELL</u>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>FREDERICK</u> Middle <u>AUGUSTUS</u> Last <u>DOW</u>			4. DATE OF DEATH Month <u>FEB</u> Day <u>27</u> Year <u>1960</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>AUG. 27 1866</u>	9. AGE (last birthday) <u>93</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>0</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SUPERVISOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RAIL ROAD</u>		11. BIRTHPLACE (City and state or country) <u>SWANTON, VERMONT</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>BENT FRANKLIN DOW</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ELLEN LAPoint</u>		14. NAME OF HUSBAND OR WIFE <u>ELLEN DOW SULLIVAN, Mo</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address		

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>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>One week</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Influenza</u>		<u>One week</u>
	DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 <u></u> a.m. <u></u> p.m. <u></u>	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 May 1959 to Feb 27-60 and last saw <sup>her</sup>him alive on Feb 27-60  
Death occurred at 3:40 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Robert M. Crawford</u> (Degree or title)	22b. ADDRESS <u>Sullivan, Mo.</u>	22c. DATE SIGNED <u>Feb 28 60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>MARCH 1, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL CEMETERY</u>
24. FUNERAL DIRECTOR <u>H.M. FATON</u>	ADDRESS <u>SULLIVAN, Mo.</u>	25. DATE REGD. BY LOCAL REG. <u>3/1/60</u>
		26. REGISTRAR'S SIGNATURE <u>R.P. Wideman</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

