RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-025611

LED VS JUN 17 1960

STATE FILE NUMBER

Registration District No. 6251 370 Primary Registration District No. 370 6251 Registrar's No. 44

DED

1. PLACE OF DEATH
a. COUNTY Wayne
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN — Length of stay in 1b hours
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Wappapelle lake — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Stoddard
c. CITY OR TOWN Bernie — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) West part of Bernie — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Paul Middle Wesley Last Dowdy

4. DATE OF DEATH Month June Day 4, Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2-21-38
9. AGE (last birthday) 22 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Unknown
11. BIRTHPLACE (City and state or country) Elgink Illinois
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Jack Dowdy
13b. MOTHER'S MAIDEN NAME Goldie Scaggs
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 351-30-3795
17. INFORMANT Mrs. Goldie Dowdy Address Elgin, Illinois

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Suffocation — INTERVAL BETWEEN ONSET AND DEATH 263 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Accidental Drowning
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Swimming accident
20c. TIME OF INJURY Hour a.m. 4:15 p.m. Month, Day, Year 6-4-1960
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Lake Wappapello
20f. CITY, TOWN, OR LOCATION Near Wappapello COUNTY Wayne STATE Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 4:15P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M. E. Bowler Coroner
22b. ADDRESS Piedmont, Mo
22c. DATE SIGNED May 10, 1960

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-8-60
23c. NAME OF CEMETERY OR CREMATORY Bernie Cemetery
23d. LOCATION (City, town, or county) (State) Bernie, Missouri

24. FUNERAL DIRECTOR ADDRESS Duffie-Rainey Funeral Home Bernie, Mo.
25. DATE RECD. BY LOCAL REG. June 15-60
26. REGISTRAR'S SIGNATURE Gretta M. Ward

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles E. Mungle

Licensed Embalmer No. 4877

P. O. Address Taylor Blv

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.