

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-60-035612

STATE FILE NUMBER

FILED VS SEP 19 1960

Registration District No. 251 Primary Registration District No. _____ Registrar's No. 217

V. S. 300
 Rev. 1-57

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
 All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Nodaway County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence Twp. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Sheridan Missouri Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 90 Farm Length of stay in lb		d. STREET ADDRESS (If outside, give location) 074C, West of Sheridan Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last Charles Newton Dowis			4. DATE OF DEATH Month Day Year September-3-1960
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October-2-1920
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farmer	9. AGE (In years last birthday) 39 IF UNDER 1 YEAR Months Days Hours Min. 11 1
13a. FATHER'S NAME Willman Junior Dowis		13b. MOTHER'S MAIDEN NAME Cleola Faye Morgan	12. CITIZEN OF WHAT COUNTRY? U.S.A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes world war 2-navy		16. SOCIAL SECURITY NO. 487-34-9094	14. NAME OF HUSBAND OR WIFE Margaret Dowis
17. INFORMANT Address Margaret Dowis Sheridan Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pressure Crush Injury of chest with pressure on chest and great vessels 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)			INTERVAL BETWEEN ONSET AND DEATH 15 min
20a. ACCIDENT <input checked="" 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.) tractor with front scoop filled overturned on him	
20c. TIME OF INJURY Hour Month, Day, Year 2:45pm a.m. 9/3/60		when he backed up on uneven ground at edge of farm pond	
20d. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm	
20f. CITY, TOWN, OR LOCATION 3 1/2 miles w. of Sheridan		COUNTY STATE Nodaway Mo	
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____ Death occurred at 3pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Frank B Matteson MD		22b. ADDRESS Grant City, Mo	
22c. DATE SIGNED 9/6/60			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE September-6-1960	
23c. NAME OF CEMETERY OR CREMATORY Sheridan Cemetery		23d. LOCATION (City, town, or county) (State) Sheridan Missouri	
24. FUNERAL DIRECTOR ADDRESS John Andrews Grant City Missouri		25. DATE RECD. BY LOCAL REG. 9-12 60	
26. REGISTRAR'S SIGNATURE Bess Bolt			

SEP 20 1960

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 John Andrews, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed John Andrews
Licensed Embalmer No. 4211

P. O. Address Grant City, 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.