URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-037864

FILED VS NOV 7 1960

Registration District No. 82 Primary Registration District No. 4148 Registrar's No. 128

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY Cooper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Otterville
Length of stay in 1b 20yr
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ✓
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Cooper
c. CITY OR TOWN Otterville
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) ✓
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First STEWART Middle MOMAN Last DOWDY

4. DATE OF DEATH Month Oct Day 31 Year 1960

5. SEX male
6. COLOR OR RACE wh
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3-6-89
9. AGE (last birthday) 71
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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY farm
11. BIRTHPLACE (City and state or country) Buffalo, Mo
12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Nathaniel Moman Dowdy
13b. MOTHER'S MAIDEN NAME Emma Patterson
14. NAME OF HUSBAND OR WIFE Katherine Fowler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Walter Dowdy Address Smithton, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary occlusion & Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 48 Hours
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)
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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-28-60 to 10-31-60 and last saw ~~her~~ him alive on 10-30-60
Death occurred at 9:15 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE P V Siegel (Degree or title) MD
22b. ADDRESS Smithton Mo
22c. DATE SIGNED 11/1/60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) Buried
23b. DATE 11-3-60
23c. NAME OF CEMETERY OR CREMATORY Green Ridge
23d. LOCATION (City, town, or county) (State) Green Ridge, Mo

24. FUNERAL DIRECTOR Hays-Painter
ADDRESS Otterville, Mo
25. DATE REC'D. BY LOCAL REG. 11/2/60
26. REGISTRAR'S SIGNATURE D. E. Hooper

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Robert L. Painte

Signature of Student Embalmer

Licensed Embalmer No. 406 7

P. O. Address Otterville,

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