URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 7 1960

=60=044848

STATE FILE NUMBER

Registration District No. 340 Primary Registration District No. 3075 Registrar's No. 101

NDED

1. PLACE OF DEATH
a. COUNTY Stoddard Liberty Twp.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dexter
Length of stay in 1b: life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 729 N. Mulberry
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 Dexter
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 729 N. Mulberry
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: James Middle: Levi Last: Dowdy

4. DATE OF DEATH Month: Jan. Day: 26 Year: 1960

5. SEX: male

6. COLOR OR RACE: white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 3-9-74

9. AGE (last birthday): 85

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 (retired)

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (City and state or country): Dexter, Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Armstead L. Dowdy

13b. MOTHER'S MAIDEN NAME: Mary K. Howell

14. NAME OF HUSBAND OR WIFE: Josie Dowdy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): X X X X X X X X

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Josie Dowdy Address: Dexter, 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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerosis — unknown

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 23 Jan 1960 to 26 Jan 1960 and last saw her/him alive on 23 Jan 1960

Death occurred at 12:25 p.m. on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE J L Waddle MD (Degree or title)

22b. ADDRESS Dexter Mo

22c. DATE SIGNED 12-3-60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 1-27-60

23c. NAME OF CEMETERY OR CREMATORY: Armstead-Dowdy Cemetery

23d. LOCATION (City, town, or county) (State): Dexter, Mo. Rural

24. FUNERAL DIRECTOR: Watkins & Sons ADDRESS: Dexter, Missouri

25. DATE RECD. BY LOCAL REG.: 12-3-60

26. REGISTRAR'S SIGNATURE: Anita M. Garner Reg. Reg.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

JAN 20 1961

AS FEB 1 1961

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_____ Signed Mark Watkins

Signature of Student Embalmer

Licensed Embalmer No. 4717

P. O. Address Dexter, Mo

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.