

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043767

FILED DEC 26 1961 43

5143

457

STATE FILE NUMBER

AMENDED

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Butler</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Butler County</b>		c. CITY OR TOWN <b>Butler</b>		d. STREET ADDRESS (If outside, give location) <b>Wappapello, Mo</b>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		5. SEX		6. COLOR OR RACE	
First Middle Last <b>James Earl McDowell</b>		Month Day Year <b>Dec 1 1961</b>		<b>male</b>		<b>white</b>	
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>6-8-1894</b>		9. AGE (last birthday) <b>67</b>		IF UNDER 1 YEAR IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Public Work</b>		11. BIRTHPLACE (City and state or country) <b>Carmi Ill</b>		12. CITIZEN OF WHAT COUNTRY <b>U S A</b>	
13a. FATHER'S NAME <b>Paynor McDowell</b>			13b. MOTHER'S MAIDEN NAME <b>Not Known</b>			14. NAME OF HUSBAND OR WIFE <b>Ada McDowell</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				17. INFORMANT Address <b>Erval Linville Daughter</b>			
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: (line for (b), and (c).))						INTERVAL BETWEEN ONSET AND DEATH	
PART I. IMMEDIATE CAUSE (a) <b>Multiple Melanoses</b>						<b>6 mo</b>	
DUE TO (b) <b>Carcinoma Prostate</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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. p.m. Month, Day, Year		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 <b>Feb 1961 to Dec 61</b> and last saw <sup>ear</sup> him alive on <b>7 Aug 1961</b> . Death occurred at <b>Home</b> <b>12.45p</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Sturdivan MD</b>				22b. ADDRESS <b>321 Oak Poxley Bluff</b>		22c. DATE SIGNED <b>6 Dec 61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Dec 3, 1961</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Sturdivan</b>		23d. LOCATION (City, town, or county) (State) <b>Sturdivan Mo</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Morgan Funeral Home Puxico, Mo</b>				25. DATE RECD. BY LOCAL REG. <b>12/20/1961</b>		26. REGISTRAR'S SIGNATURE <b>Thelma Graham</b>	

FEB 15 1962

**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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W<sup>m</sup> H. Meyan

Licensed Embalmer No. 4640

P. O. Address Advance,

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.