MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-027046
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3540

FILED JUL 30 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / DOCUMENT / BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 1958
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Alexix Home — Inside Limits: Yes ☒ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 5331 Highland — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: George — Middle: William — Last: Dowling

4. DATE OF DEATH: Month: July — Day: 3 — Year: 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Feb 14, 1879
9. AGE (last birthday): 83 — 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): Retired Glass Blower
10b. KIND OF BUSINESS OR INDUSTRY: Glass Industry
11. BIRTHPLACE (City and state or country): Buffalo, Iowa
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: William Dowling
13b. MOTHER'S MAIDEN NAME: Mary Flannery
14. NAME OF HUSBAND OR WIFE: Maud Dowling

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.: None
17. INFORMANT: Mother Laurence, St. Alexis Home — Address: 5331 Highland

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Thrombosis	2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral Embodigation	2 hrs
DUE TO (c)	Arteriosclerosis	20 yrs

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 7/13/58, to 7/3/62 and last saw her/him alive on 7/2/62.
Death occurred at 5:40 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph A. Fogarty DO
22b. ADDRESS: 402 Wirthman Bldg.
22c. DATE SIGNED: 7-4-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 6, 1962
23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet
23d. LOCATION (City, town, or county) (State): Hickman Mills, Mo.

24. FUNERAL DIRECTOR: Thomas E. Quirk — ADDRESS: 4601 Liberty
25. DATE RECD. BY LOCAL REG.: 7-6-62
26. REGISTRAR'S SIGNATURE: Ruth H Long

(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 me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOL

ITEM NO.	SHOULD READ	INSTEAD OF
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BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

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13b. MOTHER'S MAIDEN NAME: Mary Flannery

14. NAME OF HUSBAND OR WIFE: Maud Dowling

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.: None

17. INFORMANT: Mother Laurence, St. Alexis Home — Address: 5331 Highland Ave.

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DUE TO (c)	Arteriosclerosis	20 yrs.

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PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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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 ☐

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22b. ADDRESS: 402 Westhoven Dr. K.C. 69 Mo

22c. DATE SIGNED: 7/4/62

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23b. DATE: July 6, 1962

23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet

23d. LOCATION (City, town, or county) (State): Hickman Mills, Mo.

24. FUNERAL DIRECTOR ADDRESS: Thomas E. Quirk 4601 Liberty K.C. Mo.

25. DATE RECD. BY LOCAL REG.: 7-6-62

26. REGISTRAR'S SIGNATURE: Ruth A. Long

(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 me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.

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