

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-049049

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3830 STATE FILE NUMBER

FILED JAN 10 1963	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY St. Louis</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Manchester Length of stay in 1b 33 mos.</p> <p>c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Manchester N. Home Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE Illinois b. COUNTY Madison</p> <p>c. CITY OR TOWN Edwardsville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED First Middle Last DORA NMI MC DOWELL</p> <p>4. DATE OF DEATH Month Day Year December 30 1962</p>	
<p>5. SEX Female</p> <p>6. COLOR OR RACE White</p> <p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH 11-16-1881</p> <p>9. AGE (last birthday) 81</p> <p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife</p> <p>10b. KIND OF BUSINESS OR INDUSTRY Own home</p> <p>11. BIRTHPLACE (City and state or country) Phelps City, Mo.</p> <p>12. CITIZEN OF WHAT COUNTRY USA</p>
<p>13a. FATHER'S NAME Andrew Behrendsen</p> <p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No</p>	<p>13b. MOTHER'S MAIDEN NAME Doris Missen</p> <p>16. SOCIAL SECURITY NO. None</p> <p>17. INFORMANT Marie Blatter Address 2617 Roseland Terr. Maplewood 17, Mo.</p>
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) Acute Myocardial Failure</p> <p style="text-align: center;">DUE TO (b) Mitral Stenosis</p> <p style="text-align: center;">DUE TO (c) Rheumatic Heart Disease</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p> <p style="text-align: center;">PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Atherosclerosis, Chronic Cystitis</p> <p style="text-align: center;">PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p> <p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	<p>20c. TIME OF INJURY Hour Month, Day, Year</p> <p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p> <p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p> <p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>
<p>21. I attended the deceased from March 14, 1960, to Dec. 28, 1962 and last saw him alive on Dec. 28th, 1962</p> <p>Death occurred at 5:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) Rachel W. Zaffrey, R.O.</p> <p>23a. BURIAL, CREMATION, REMOVAL (Specify) Burial</p>	<p>22b. ADDRESS Box 122, Manchester, Mo.</p> <p>23b. DATE 1-2-63</p> <p>23c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery</p> <p>23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.</p> <p>22c. DATE SIGNED 12-31-62</p>
<p>24. FUNERAL DIRECTOR ADDRESS JAY B. SMITH, Maplewood, Mo.</p>	<p>25. DATE RECD. BY LOCAL REG. 12-31-62</p> <p>26. REGISTRAR'S SIGNATURE <i>[Signature]</i></p>

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DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
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USE BLACK INK OR TYPEWRITER RIBBON

STATE OF MISSOURI
DEPARTMENT OF HEALTH

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 Melvin Barteau

Licensed Embalmer No. 4903

P. O. Address St Louis

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.