

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005068

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 74

FILED MAR 8 1963	
1. PLACE OF DEATH a. COUNTY <b>Audrain</b>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico</b> Length of stay in 1b <b>3 weeks</b>	
c. CITY OR TOWN <b>Mexico,</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Audrain Co. Hospital</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) <b>RFD. #2</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <b>JAMES CRAIG DOWELL, Sr.</b>	
4. DATE OF DEATH Month Day Year <b>March 3, 1963</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <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>12/11/1876 - 86</b>
9. AGE (last birthday) <b>86</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>farming</b>
11. BIRTHPLACE (City and state or country) <b>Audrain County, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>George Albert Dowell</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy Anna Rouse</b>
14. NAME OF HUSBAND OR WIFE <b>Martha Freeman Dec'd</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates)	
16. SOCIAL SECURITY NO.	
17. INFORMANT Address <b>James C. Dowell, Jr. Mexico, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>cardio renal failure</b> DUE TO (b) <b>hypertension of eyes</b> DUE TO (c) <b>arteriosclerosis</b> CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.	
INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>	
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 checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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>1-29-1954</b> to <b>3-3-1963</b> and last saw her/him alive on <b>3-3-63</b> Death occurred at <b>4:05 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>M. Callahan M.D.</b>	22b. ADDRESS <b>Mexico Mo</b>
22c. DATE SIGNED <b>3-4-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>3/5/1963</b>
23c. NAME OF CEMETERY OR CREMATORY <b>Elmwood Cemetery</b>	
23d. LOCATION (City, town, or county) (State) <b>Mexico, Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Arnold Funeral Home - Mexico, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>March-4-1963</b>	
26. REGISTRAR'S SIGNATURE <b>Blanche Neely</b>	

VS 300 Rev. 4/59  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON IN 2

AP Hallenbach

**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 Kenneth E. Hayes

Licensed Embalmer No. 4890

P. O. Address Mexico, Mo.

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.