

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013506

Registration District No. 137 Primary Registration District No. _____ Registrar's No. 118 STATE FILE NUMBER

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DOCUMENT

FILED MAY 15 1961

1. PLACE OF DEATH
 a. COUNTY **Henry**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Ill.** b. COUNTY _____

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Windsor** Length of stay in 1b **4 days**

c. CITY OR TOWN **La Grange** Inside Limits Yes No

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **Windsor Hospital** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **38 S. 6 th Street** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **DOUGLAS WILLIAM DOWIE**

4. DATE OF DEATH Month Day Year **May 9, 1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH **3-23-1919** 9. AGE (last birthday) **42** 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) **Research Chemical Engineer** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) **Sharon Wisconsin** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **George W. Dowie** 13b. MOTHER'S MAIDEN NAME **Mayme Stimes** 14. NAME OF HUSBAND OR WIFE **Marlene Lingle Dowie**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **yes** (If yes, give war or dates of service) **W. W. II** 16. SOCIAL SECURITY NO. **334-24-2623** 17. INFORMANT **Mrs. Marlene Dowie** Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Pulmonary edema** INTERVAL BETWEEN ONSET AND DEATH **6 hrs**
 DUE TO (b) **anuria** **2 days**
 DUE TO (c) **Septicemia from ruptured appendix** **5 days**
 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 **5-5-61** to **5-9-61** and last saw her him alive on **5-9-61**
 Death occurred at **4:10 P. M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE **Charles K. Simmons** (Degree or title) **M.D.** 21b. ADDRESS **114 N Main Windsor Mo** 21c. DATE SIGNED **5-18-61**

22a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 22b. DATE **5-11-1961** 22c. NAME OF CEMETERY OR CREMATORY **Laurel Oak Cemetery** 22d. LOCATION (City, town, or county) **Windsor Henry Mo.** (State)

24. FUNERAL DIRECTOR **Clifford Gouge** ADDRESS **Windsor, Mo.** 25. DATE RECD. BY LOCAL REG. **May, 10, 1961** 26. REGISTRAR'S SIGNATURE **Mildred Bigum**

AUG 4 2 1961

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

Student _____
Signature of Student Embalmer

Signed Clifford Gouge

Licensed Embalmer No. 5014

P. O. Address Windsor, Md

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.